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COUNTY BOROUGH



OF SOUTHPORT

REPORT

UPON THE

HEALTH AND SANITARY

CONDITIONS

OF THE

COUNTY BOROUGH OF SOUTHPORT

FOR THE YEAR 1952

(including the Forty-fourth Annual Report of the School Medical Officer)

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THE HEALTH COMMITTEE

The Worshipful the Mayor
(Councillor A. C. BRETT)

Chairman: Councillor W. BERWICK

Vice-Chairman: Councillor L. F. SPENCE

Alderman Sir H. W. BARBER, J.P.

Alderman Dr. H. COATES, J.P.

Alderman W. PAULDEN

Councillor R. DUGDALE

Councillor Dr. S. J. HEPWORTH

Councillor M. N. HILLS

Councillor R. E. HINDS

Councillor G. W. KENDALL

Councillor D. C. MACNICOL

Councillor Mrs. B. POGSON

Councillor Mrs. E. SMITH

Councillor J. WOODS

Dr. P. Y. LYLE, M.C.

SUB-COMMITTEES AS AT 31st DECEMBER, 1952

Mental Health Services

Chairman	Councillor M. N. HILLS
Vice-Chairman	Councillor D. C. MACNICOL
Alderman Dr. H. COATES, J.P.	Councillor Mrs. B. POGSON
Councillor Dr. S. J. HEPWORTH	Councillor Mrs. E. SMITH
Dr. P. Y. LYLE, M.C.	Councillor J. WOODS

Joint Health and Education

The Worshipful the Mayor
(Councillor A. C. BRETT)

Chairman	Councillor Mrs. B. POGSON
Vice-Chairman	Councillor Mrs. E. SMITH
Alderman W. PAULDEN	Councillor J. WOODS

Home Nursing Joint Sub-Committee

Chairman	Councillor Mrs. E. SMITH
Vice-Chairman	Councillor J. WOODS
Councillor R. DUGDALE	

National Assistance Act, 1948

(Section 47 Cases)

Chairman	Alderman W. PAULDEN
Vice-Chairman	Councillor Mrs. E. SMITH

Accounts

All Members of the Health Committee

**STAFF OF THE HEALTH DEPARTMENT ON THE
31st DECEMBER, 1952**

Medical Staff (Full-Time)—

Medical Officer of Health and School Medical Officer	G. N. M. WISHART, M.R.C.S., L.R.C.P., D.P.H. (From 1/10/52)
Deputy Medical Officer of Health and Deputy School Medical Officer	J. ARDLEY, M.B., B.S., D.P.H. (From 1/10/52)
Assistant Medical Officer of Health and Assistant School Medical Officer	ANNA I. DAVISON, M.B., CH.B.

Medical Staff (Part-Time)—

Medical Officer for Mental Health Service	Vacant
Medical Officer for Tuberculosis Service	R. S. COOK, M.B., CH.B.

Visiting Medical Staff—

Ante-Natal and Post-Natal Clinic	N. E. LAURENCE, F.R.C.S.
Eye Clinic	D. RANKINE, M.B., CH.B.
Ear, Nose and Throat Clinic	R. V. TRACY-FORSTER, M.B., CH.B., D.L.O.
Skin Clinic	H. BARDSLEY, M.R.C.S., L.R.C.P.

Dental Staff—

Senior Dentist	W. MARTLAND, L.D.S. (From 1/4/52)
Dentist	W. L. ROTHWELL (From 23/4/52)
Attendants	Mrs. M. E. BALL and Miss M. J. F. HAYES

Sanitary Staff—Chief Sanitary Inspector E. AVISON (a)(b)(h)(n)(o); Deputy Chief Sanitary Inspector, G. E. HADLEY (a)(b); Meat and Food Inspector, D. WOOD (a)(b); Food Hygiene Inspector, T. W. ROBERTSHAW (a)(b); District Inspectors, J. ARROWSMITH (a)(b); W. VICKERS (a)(b)(h); and one vacancy; Infectious Diseases Enquiry Officer, W. RIGBY; Rodent Operator, J. S. AMERY.

Health Visiting and School Nursing Staff—Superintendent Health Visitor and School Nurse, Miss A. F. PROBERT (c)(d)(e); Health Visitors/School Nurses, Mrs. D. BROWN (c)(d)(e); Mrs. W. WATKINSON (c)(d)(e); Misses M. E. BRETT (c)(d)(e); J. HOLLIDAY (c)(f)(e); Mrs. F. P. CAPEL; Misses M. K. DONAGHEY (c)(d)(e); K. A. R. TAYLOR (c)(d)(e); D. C. ASHTON (c)(f)(e), M. A. TURVEY (d)(e), Mrs. M. WAGSTAFF (e)(k), Misses A. COWPER (c)(d)(e), A. TOALE (c)(d)(e), A. GOUGH (c)(d)(e), E. POTTS (c)(d)(e), M. J. HAINSWORTH (c)(d)(e).

Physiotherapist—(Vacant)

Speech Therapist—(Vacant)

Midwifery Staff—Supervisor of Midwives and Inspector of Nursing Homes, Miss M. McALEAVY (d)(e);

DISTRICT MIDWIVES, Miss S. A. CRYER (d)(e), Mrs. K. B. HARRISON (d)(e);

PART-TIME MIDWIFE, Mrs. E. SHAWCROFT (d).

Mental Health Staff—*Senior Mental Health Visitor and Duly Authorised Officer, J. SINNOTT (i); Mental Health Visitors and Duly Authorised Officers, Miss A. L. BENNETT (e)(j) and K. BAIN (e)(j). Home Teacher for Mental Defectives, Miss J. ROWLANDS (p).

* *Also acts as Senior Welfare Officer.*

Clerical Staff—Administrative Assistant, F. H. DIX, A.C.I.S.; Grad. A.C.C.A.; Chief Clerk, W. R. HOLGATE; Senior Clerks, Miss M. E. WELLS and Miss N. SOMECH; Clerks, R. RIMMER, B. JONES, M. BALL, B. FORSHAW, B. PARKER, S. M. BIRRELL and K. HOWARTH. (two vacancies).

Day Nurseries—

King Street

Matron: Mrs. A. WILLIAMS (e)

Bedford Park

Matron: Miss A. K. BAXTER (e)(d)(l)

Notes re Qualifications:—

- (a) Sanitary Inspectors Certificate.
- (b) Meat and Food Certificate.
- (c) Health Visitors Certificate.
- (d) State Certified Midwife.
- (e) State Registered Nurse.
- (f) Part I Certificate—Central Midwives Board.
- (g) State Registered Fever Nurse.
- (h) Smoke Inspectors Certificate.
- (i) Relieving Officers Certificate.
- (j) Royal Medico-Psychological Association's Certificate.
- (k) Certificate of British Tuberculosis Association.
- (l) State Registered Children's Nurse.
- (m) Member of the Chartered Society of Physiotherapy.
- (n) Sanitary Science Certificate.
- (o) Food Hygiene Certificate.
- (p) Diploma of National Association for Mental Health.

Ambulance Services—

Chief Fire Officer and Ambulance Officer, J. PERKINS, Grad. I. FIRE E.

Public Analyst

J. F. CLARK, M.SC., F.R.I.C.,

Pathologist

(Vacant).

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH
AND SCHOOL MEDICAL OFFICER

FOR THE YEAR 1952

TO THE CHAIRMAN AND MEMBERS
OF THE HEALTH COMMITTEE

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the annual report for the year 1952. The Registrar-General's estimate of the population for the middle of 1952 was 82,980 as compared with 83,400 in the previous year. The birth rate after adjustment by the Registrar General's factor of correction was 12·22 per thousand of the population. The infantile mortality rate was 30 per thousand live births, a considerable decrease on the rate for 1951 but not yet as low as could be expected in a town of the type of Southport.

The crude death rate was 16·32 per thousand of the population compared with 19·34 in the previous year. The rate corrected for age and sex distribution was 12·32 per thousand of the population. The maternal mortality rate was 2·02 per thousand live and still births.

In August, the Ministry of Health called for a report on the Local Health Authority's Services as they have developed under the provisions of the National Health Service Act, 1946, and for information as to the degree of local co-ordination between the Health Authority, Hospital and General Practitioner Services. This report is reproduced in these pages.

The fact that approximately 1 in 6 persons living in Southport is aged 65 years or more has a profound influence on the medical and social services in the town. The number of aged people requiring hospital and other forms of care is larger than in most other towns of similar population. Consideration has been given by the Hospital Management Committee and the Liverpool Regional Hospital Board to increasing the number of hospital beds for chronically sick persons as these are at present insufficient to meet the need, but it may take a considerable time to provide the necessary hospital accommodation. Many elderly invalids live alone and are without relatives with the result that frequent calls are made on the Home Nursing, Home Help and the various Voluntary Services in order that these old folk may be cared for according to their needs. In a small number of instances, close relatives have made it clear that they did not intend to help in the care, financially or otherwise, of an elderly incapacitated person, even when able to do so. The refusal to acknowledge a moral obligation of this kind is surely to be much deplored.

There was no major epidemic of infectious disease during the year. The number of infants under one year of age vaccinated against smallpox was only 106, a surprisingly low figure in a year when smallpox occurred in the vicinity.

The work of the Sanitary Section has steadily increased and is of great importance to the well-being of the town. Much co-operation has been secured from those engaged in the Food Trade and great improvements have been effected in traders' premises by structural alterations and the installation of costly new equipment. This work helps to reduce the incidence of food poisoning and improves the amenities of the town.

The School Health Service has continued to carry out its valuable work during the year and the importance of the preventive side of this service cannot be rated too highly.

The Mass Radiography Unit of the Liverpool Regional Hospital Board visited three senior schools to X-Ray pupils during the year. Teachers from all schools were given the opportunity to have radiographs of their chests and the response was excellent.

Dr. W. E. Fitzgerald retired from the post of Medical Officer of Health and School Medical Officer at the end of September and I wish to place on record my gratitude to him for his encouragement and kindness to me during the five years I served as his deputy: his keen insight into difficult problems and his deep concern for the health of the people of the town will remain as an inspiration to those who worked with him in the Department.

I would like to express my appreciation of the work done during the year by all members of the staff and my thanks to the members of the Health and Education Committees for their support and consideration throughout the year.

I am,

Yours faithfully,

G. N. M. Wishart,

Medical Officer of Health.

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Part I

STATISTICAL MEMORANDA

AND

VITAL STATISTICS

STATISTICAL MEMORANDA

Area of Borough (including Foreshore)	18,333 acres
Area of Borough (excluding Foreshore).....	9,426 acres
Population (1951 Census)	84,057
„ (Estimated by the Registrar-General), middle of 1952	82,980
Density of Population	8·7
Number of inhabited houses, 1st April, 1952	24,813
Number of permanent houses erected and completed during 1952	113
Rateable Value, 1st April, 1952	£972,792
Sum represented by a Penny Rate	£3,851
Number of births registered	957
Legitimate	907
Illegitimate.....	50
Crude birth rate (per 1,000 of the population)	11·53
Corrected birth rate (per 1,000 of the population)	12·22
Average Crude birth rate, preceding 10 years	12·70
Number of infant deaths (under one year)	29
Infant Mortality Rate (per 1,000 live births)	30
(28) Legitimate (rate per 1,000 legitimate live births).....	30
(1) Illegitimate (rate per 1,000 illegitimate live births) ...	20
Average Infantile Mortality Rate, preceding 10 years	36
Number of deaths registered	1,354
Crude death rate (per 1,000 of the population)	16·32
Average crude death rate, preceding 10 years	16·21
Corrected death rate (per 1,000 of the population)	12·32
Number of deaths from tuberculosis (all forms)	18
Tuberculosis death rate (per 1,000 of the population).....	0·22
Average tuberculosis death rate, preceding 10 years	0·39
Number of deaths from Zymotic diseases	1
Death rate from Zymotic diseases (per 1,000 of the population)	0·01
Average death rate from Zymotic diseases, preceding 10 years	0·06
Number of women dying in, or in consequence of, child-birth—	
From Sepsis	None
From other causes	2
Average domestic consumption of water per head, per day	29·87 galls.
Total consumption of water per head, per day.....	39·39 galls.
Rainfall during 1952	30·59 inches
Hours of sunshine during 1952	1,544

VITAL STATISTICS

Population—The Registrar-General’s estimate of the population for the middle of 1952 is 82,980. The comparable figure for the middle of 1951 was 83,400.

Birth Rate—The total number of live births registered in the Borough during 1952 was 957. Of these 480 were males and 477 females. The crude birth rate for the year was 11·53 per 1,000 of the estimated civilian population, and the adjusted birth rate was 12·22. 50 (5%) of the births were illegitimate. The number of still births registered was 34, giving a rate of 0·41 per 1,000 of the civilian population as compared with the rate of 0·35 for England and Wales.

Death Rate—The number of deaths occurring amongst the residents of the town was 1,354. Of these 626 were in respect of males and 728 females. The decrease in the number of deaths compared with the previous year was 259.

71% of all deaths were of persons aged sixty-five years and over and 42% of all deaths were of persons of seventy-five years and over.

The gross death rate was 16·32 per 1,000 of the civilian population and the rate corrected for age and sex was 12·32 per 1,000 of the population.

Principal Causes of Death—

	1952		1951	
	No.	%	No.	%
Heart Disease inc. diseases of the Circulatory System	585	43·21	634	39·31
Cancer	215	15·88	232	14·38
Vascular lesions of nervous system	202	14·91	256	15·87
Respiratory Diseases ...	100	7·38	154	9·55
Violence, including Suicide	40	3·72	42	2·60
Tuberculosis (all forms) ...	18	1·33	27	1·67
Ulcer of Stomach and duodenum	13	0·96	16	0·99
Influenza	9	0·66	75	4·65
Acute and Chronic Nephritis	9	0·66	9	0·55

Deaths from Violence—There were 40 deaths from violence and these were classified as follows:—

	Males	Females	Total
Suicide	8	4	12
Falls	4	8	12
Motor Vehicle Accidents	2	—	2
Asphyxia and Shock due to inhalation of vomit due to excess drinking of alcohol	1	—	1
Asphyxia due to drowning	1	—	1
Asphyxia due to suffocation	—	1	1
Asphyxia	—	1	1
Carried forward	16	14	30

						Males	Females	Total
Brought forward						16	14	30
Burns	...	...	...	...	...	—	2	2
Barbitone poisoning	...	...	...	...	...	—	1	1
Barbiturate poisoning from overdose of luminal capsules	...	...	...	...	...	—	1	1
Carbon-monoxide poisoning	...	...	...	...	...	1	2	3
Cerebral contusion due to being knocked down by pedal cycle	...	...	...	...	...	—	1	1
Shock and exposure due to immersion in cold water	...	...	...	...	...	—	1	1
Shock due to fracture of skull (man-slaughter—inquest adjourned and not resumed)	...	...	...	...	...	1	—	1
Totals						18	22	40

Zymotic Death Rate—

Diphtheria	...	...	...	Nil	Measles	...	...	...	Nil
Scarlet Fever	...	...	...	Nil	Diarrhoea	...	...	...	Nil
Typhoid	...	...	...	Nil	Whooping Cough	...	...	...	1
Total Deaths—1.				Rate per 1,000 of the population, 0·01					

Infantile Mortality Rate—

Total Deaths	...	...	29	Rate per 1,000 births	...	30
Legitimate	...	...	28	do. legitimate births	...	30
Illegitimate	...	...	1	do. illegitimate births	...	20

BIRTH-RATES, AND DEATH-RATES AND ANALYSIS OF MORTALITY IN THE YEAR 1952

England and Wales, 160 County Boroughs and Great Towns, 160 Smaller Towns and London Administrative County
(Provisional figures, based on Weekly and Quarterly Returns)

	Rate per 1,000 civilian population		Annual Death-Rate per 1,000 civilian population										Rate per 1,000 Live Births	
	Live Births	Still Births	All Causes	Typhoid and Para- typhoid Fever	Small- pox	Whoop- ing Cough	Diph- theria	Tuber- culosis	Ac. Polio- myel. & Polio- enceph.	In- fluenza	Pneu- monia	Diarr- hoea & Enteritis (under 2 years)	Total Deaths under 1 year	
England and Wales ...	15.3	0.35	11.3	0.00	0.00	0.00	0.00	0.24	0.01	0.04	0.72	1.1	27.6*	
160 County Boroughs and Great Towns, in- cluding London ...	16.9	0.43	12.1	0.00	—	0.00	0.00	0.28	0.01	0.04	0.80	1.3	31.2	
160 Smaller Towns (Es- timated Resident Population 25,000 to 50,000 at Census, 1951) ...	15.5	0.36	11.2	0.00	—	0.00	0.00	0.22	0.00	0.04	0.62	0.5	25.8	
London Administrative County ...	17.6	0.34	12.6	—	—	0.00	0.00	0.31	0.01	0.05	0.57	0.7	23.8	
Southport ...	12.22	0.41	12.32	—	—	0.01	—	0.22	—	0.11	0.46	—	30.3	

A dash (—) signifies that there were no deaths.

* Per 1,000 related births.

				Puerperal	
				Sepsis	Total
The maternal mortality rates for England and Wales are as follows per 1,000 Total Births ...				0.16	0.72
The maternal mortality rates for Southport are as follows per 1,000 Total Births ...				—	2.02

VITAL STATISTICS

For years 1933 to 1952 inclusive

YEAR	Popu- lation esti- mated to Middle of each year	BIRTHS			TOTAL DEATHS REGISTERED IN DISTRICT		TRANSFERABLE DEATHS**		NET DEATHS BELONGING TO THE DISTRICT			
		Uncor- rected Number (Regis- tered) 3	Net		Number x 6	Rate 7	of Non- residents regist'd in the District 8	of Resi- dents not regist'd in the District 9	Under 1 yr. of age		At all ages	
			Number 4	Rate 5					Number x 10	Rate per 1,000 Net Births 11	Number x 12	Rate 13
1	2	3	4	5	6	7	8	9	10	11	12	13
1933	78,980	805	769	9.51	1128	14.28	73	157	44	57	1189	15.0
1934	79,100	918	860	10.87	998	12.62	61	153	40	46	1070	13.5
1935	79,300	872	808	10.19	1104	13.92	63	143	52	64	1161	14.6
1936	79,280	880	804	10.14	1105	13.94	81	182	41	51	1189	15.0
1937	78,960	914	837	10.60	1143	14.48	63	205	56	67	1266	16.0
1938	78,600	870	802	10.20	1157	14.65	84	159	56	70	1215	15.4
1939	* 78,900											
	* 81,840	925	752	9.53	1271	15.53	101	168	41	52	1338	16.3
1940	88,550	1147	871	9.84	1385	15.64	115	148	40	43	1418	16.0
1941	95,410	1455	949	9.94	1375	15.53	171	211	65	68	1415	14.8
1942	90,480	1371	1075	11.90	1213	13.41	108	218	41	38	1323	14.6
1943	85,140	1283	1048	12.30	1237	14.53	73	246	49	47	1410	16.6
1944	82,860	1484	1168	14.09	1150	13.88	87	241	52	44	1304	15.7
1945	81,360	1314	1018	12.51	1121	13.73	62	241	29	28	1300	15.9
1946	84,010	1557	1237	14.72	1073	12.77	63	246	40	32	1256	14.9
1947	84,240	1569	1325	15.73	1268	15.52	114	218	55	42	1372	16.2
1948	85,800	1317	1167	13.60	1126	13.12	58	204	41	35	1272	14.8
1949	85,540	1155	986	11.53	1269	14.84	89	164	38	39	1344	15.7
1950	85,500	1020	890	10.41	1339	15.66	90	151	24	27	1400	16.3
1951	83,400	1063	884	10.60	1523	18.26	88	178	36	41	1613	19.3
1952	82,980	1164	957	11.53	1301	15.68	92	145	29	30	1354	16.3

* 78,900 for Birth Rate—81,840 for Death Rate

x in Column 6 are included the whole of the deaths registered during the year as having actually occurred within the district, military deaths excepted.

In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8 and by the addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

** "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales die in a district other than that in which they resided.

The following Special Cases arise as to Transferable Deaths:—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals and nursing homes, have been regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission the death is not transferable.

(2) The deaths of infants born and dying within the year of birth in an Institution to which the mother was admitted for her confinement have been referred to the district of fixed or usual residence of the parent.

(3) Deaths from violence have been referred (a) to the district of residence, under the general rule; (b) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (c) failing this, to the district where the death occurred, if known; (d) failing this, to the district where the body was found.

Census	Year	1911	1921	1931	1952
Total population at all ages	...	69,643	71,900	78,927	84,240
Number of inhabited houses	...	15,676	16,314	20,388	24,110
Average number of persons per house	...	4.44	4.41	3.87	3.53
Area of District in acres (land and inland water)	...	9,426	9,426	9,426	9,426

DEATHS (Table 1)
Causes of, and Ages at, Death for year 1952

CAUSES OF DEATH	Totals at all ages	AGE DISTRIBUTION																	
		MALES									FEMALES								
		under 1 yr.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & over	Totals	under 1 yr.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & over	Totals
Tuberculosis—Respiratory ...	12	—	—	—	—	3	6	2	—	11	—	—	—	—	1	—	—	—	1
Tuberculosis—Other ...	6	—	1	—	—	2	2	—	—	5	—	1	—	—	—	—	—	—	1
Syphilitic Disease ...	7	—	—	—	—	1	3	2	—	6	—	—	—	—	—	—	1	—	1
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and parasitic diseases	3	—	—	—	—	—	1	—	—	1	—	—	—	—	1	1	—	—	2
Malignant Neoplasm, Stomach ...	45	—	—	—	—	1	8	12	6	27	—	—	—	—	1	3	6	8	18
Malignant Neoplasm, lung bronchus ...	32	—	—	—	—	1	12	11	1	25	—	—	—	—	—	3	4	—	7
Malignant Neoplasm, breast ...	14	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5	4	4	14
Malignant Neoplasm, uterus ...	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	3	2	11
Other Malignant and Lymphatic Neoplasms ...	113	—	—	—	1	4	12	18	14	49	—	—	—	—	1	22	21	20	64
Leukaemia, Aleukaemia ...	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	3
Diabetes ...	11	—	—	—	—	—	—	4	1	5	—	—	—	—	—	—	5	1	6
Vascular lesions of Nervous System	202	—	—	—	—	2	13	29	30	74	—	—	—	—	4	24	36	64	128
Coronary Disease—Angina ...	230	—	—	—	—	2	40	51	37	130	—	—	—	—	1	15	38	46	100
Hypertension with Heart Disease ...	30	—	—	—	—	—	5	2	7	14	—	—	—	—	—	2	5	9	16
Other Heart Disease ...	263	—	—	—	—	3	11	17	64	95	—	—	—	—	2	11	37	118	168
Other Circulatory Disease ...	62	—	—	—	—	—	4	9	9	22	—	—	—	1	—	5	4	30	40
Influenza ...	9	—	—	—	—	—	1	2	1	4	—	—	—	—	—	2	1	2	5
Pneumonia ...	38	4	—	—	—	—	1	8	7	20	3	—	—	—	1	1	4	9	18
Bronchitis ...	54	—	—	—	—	—	10	12	12	34	—	—	—	—	—	6	5	9	20
Other Diseases of Respiratory System ...	8	—	—	1	—	—	1	2	—	4	—	—	—	—	1	1	—	2	4
Ulcer of Stomach and Duodenum ...	13	—	—	—	—	—	3	4	4	11	—	—	—	—	—	1	1	—	2
Gastritis, Enteritis and Diarrhoea ...	3	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1	2
Nephritis and Nephrosis ...	9	—	—	—	—	—	1	2	1	4	—	—	—	—	2	1	1	1	5
Hyperplasia of Prostate ...	14	—	—	—	—	—	2	3	9	14	—	—	—	—	—	—	—	—	—
Pregnancy, Childbirth, Abortion ...	2	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2
Congenital Malformations ...	3	—	1	—	—	—	—	—	—	1	1	—	—	—	1	—	—	—	2
Other defined and ill-defined Diseases ...	116	7	1	—	1	3	14	16	8	50	13	—	—	1	3	17	12	20	66
Motor Vehicle Accidents ...	2	—	—	—	2	—	—	—	—	2	—	—	—	—	—	—	—	—	—
All Other Accidents ...	25	—	1	—	—	1	2	—	3	7	1	—	1	—	—	5	4	7	18
Suicide ...	12	—	—	—	—	2	3	3	—	8	—	—	—	—	—	3	1	—	4
Homicide and Operations of War ...	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—
TOTALS—(All Causes) ...	1354	11	5	1	4	26	155	209	215	626	18	1	1	4	20	136	194	354	728

DEATHS (Table 2)
Number of Deaths in Various Age Groups for years 1942 to 1952 inclusive

Year	Total No. of Deaths	Under 1		1—5		5—15		15—45		45—65		65—75		75 and over	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1942 ...	1323	41	3·10	9	0·68	19	1·44	94	7·11	323	24·41	400	30·23	437	33·03
1943 ...	1410	49	3·48	10	0·70	6	0·42	106	7·52	348	24·68	383	27·17	508	36·03
1944 ...	1304	52	3·98	13	0·99	7	0·54	60	4·60	306	23·47	397	30·46	469	35·96
1945 ...	1300	29	2·23	6	0·46	12	0·92	78	6·00	270	20·77	383	29·47	522	40·15
1946 ...	1256	40	3·18	5	0·39	6	0·48	67	5·33	286	22·78	338	26·90	514	40·94
1947 ...	1372	55	4·01	6	0·44	4	0·29	71	5·17	315	22·96	366	26·68	555	40·45
1948 ...	1272	41	3·22	4	0·31	2	0·16	54	4·25	302	23·74	422	33·15	447	35·17
1949 ...	1344	38	2·83	6	0·45	1	0·08	60	4·46	289	21·50	419	31·18	531	39·50
1950 ...	1400	24	1·71	6	0·43	5	0·37	67	4·78	293	20·93	415	29·64	590	42·14
1951 ...	1613	36	2·23	4	0·25	4	0·25	47	2·91	346	21·45	445	27·59	731	45·32
1952 ...	1354	29	2·15	6	0·45	2	0·14	54	4·00	291	21·50	403	29·77	569	41·99

DEATHS (Table 3)
Rates per 1,000 population and per 1,000 births—years 1933 to 1952 inclusive

Year	Popu- lation	Male	Female	Total	Rate per 1,000 Popu- lation	Cor- rected for Age and Sex	Under One Year	Rate per 1,000 Births	Legiti- mate	Rate per 1,000 Births	Illegiti- mate	Rate per 1,000 Births	Pulm'ry Tuber- culosis	Rate per 1,000 Popu- lation	Other Forms T.B.	Rate per 1,000 Popu- lation	Zymotic Diseases	Rate per 1,000 Popu- lation
1933	78980	517	672	1189	15.05	12.76	44	57	38	53	6	115	40	0.51	9	0.11	7	0.09
1934	79100	481	589	1070	13.53	11.23	40	46	37	45	3	79	38	0.48	9	0.11	11	0.14
1935	79300	500	661	1161	14.64	12.15	52	64	51	68	1	18	31	0.39	4	0.05	9	0.11
1936	79280	557	632	1189	15.00	12.45	41	51	37	49	4	68	33	0.42	8	0.10	9	0.11
1937	78960	566	700	1266	16.03	13.30	56	67	50	64	6	120	33	0.42	8	0.10	16	0.20
1938	78600	565	650	1215	15.46	12.83	56	70	49	65	7	132	25	0.32	9	0.11	11	0.14
1939	81840	606	732	1338	16.34	13.56	41	52	37	47	4	70	40	0.49	7	0.09	17	0.21
1940	88550	608	810	1418	16.01	12.65	40	43	33	38	7	121	24	0.27	9	0.10	3	0.03
1941	95410	641	774	1415	14.80	11.69	65	57	58	54	7	115	38	0.40	7	0.07	9	0.09
1942	90480	584	739	1323	14.60	12.11	41	38	36	36	5	75	37	0.41	9	0.10	8	0.09
1943	85140	619	791	1410	16.60	13.77	49	47	43	45	6	67	43	0.50	9	0.10	8	0.09
1944	82860	565	739	1304	15.74	13.06	52	44	45	42	7	67	27	0.32	6	0.07	6	0.07
1945	81360	561	739	1300	15.98	12.63	29	28	25	27	4	35	36	0.44	5	0.06	7	0.08
1946	84010	570	686	1256	14.95	11.81	40	32	33	27	7	69	31	0.37	3	0.04	5	0.06
1947	84240	651	721	1372	16.29	12.87	55	42	50	40	5	64	39	0.46	5	0.06	7	0.08
1948	85800	566	706	1272	14.82	11.71	41	35	35	32	6	76	27	0.31	3	0.04	5	0.06
1949	85540	623	721	1344	15.71	12.10	38	39	33	35	*5	102	26	0.30	5	0.06	6	0.07
1950	85500	622	778	1400	16.37	12.44	24	27	22	26	2	34	15	0.17	5	0.06	2	0.02
1951	83400	737	876	1613	19.34	14.70	36	41	33	40	3	60	22	0.26	5	0.06	3	0.04
1952	82980	626	728	1354	16.32	12.32	29	30	28	30	1	20	12	0.15	6	0.07	1	0.01

One of these infants was an unknown child found in a garden; this child may or may not have belonged to Southport. Excluding this death, the rate per 1,000 births would be 82.
*In addition, another of these infants was allocated to Southport in error, and excluding this death also, the rate per 1,000 births for the remaining 3 deaths would be 61.

DEATHS (Table 4)
 Infant Mortality—Year 1952

CAUSE OF DEATH	AGE (weeks)					AGE (months)					Grand Total of infant deaths
	Under 1 week	1 to 2	2 to 3	3 to 4	Total under 4 weeks	1 to 3	3 to 6	6 to 9	9 to 12	Total 1 to 12 months	
Asphyxia	—	—	—	—	—	—	1	1	—	2	2
Atelectasis	1	—	—	—	1	—	—	—	—	—	1
Cerebral Haemorrhage	7	1	—	—	8	—	1	—	—	1	9
Congenital Malformation	—	—	—	1	1	—	—	—	—	—	1
Pneumonia	1	1	1	—	3	1	2	1	—	4	7
Prematurity	6	2	—	1	9	—	—	—	—	—	9
TOTALS	15	4	1	2	22	1	4	2	—	7	29

BIRTHS AND STILLBIRTHS
For years 1933 to 1952 inclusive

Year	Estimated Mid-Year Population	Males	Females	Total	Legiti- mate	Illegiti- mate	Crude Rate per 1,000 Popu- lation	Correc- ted Rate per 1,000 Popu- lation	Still- births
1933	78980	390	379	769	717	52	9·74	—	24
1934	79100	477	383	860	822	38	10·87	—	45
1935	79300	426	382	808	754	54	10·19	—	41
1936	79280	412	392	804	745	59	10·14	—	34
1937	78960	388	449	837	787	50	10·60	—	35
1938	78600	402	400	802	749	53	10·20	—	41
1939	78900	382	370	752	700	52	9·53	—	28
1940	88550	448	423	871	820	51	9·84	—	40
1941	95410	494	455	949	892	57	9·94	—	40
1942	90480	555	520	1075	1008	67	11·88	—	37
1943	85140	558	490	1048	958	90	12·30	—	35
1944	82860	590	578	1168	1065	103	14·09	—	30
1945	81360	536	482	1018	906	112	12·51	—	40
1946	84010	628	609	1237	1135	102	14·72	—	31
1947	84240	692	633	1325	1247	78	15·73	—	26
1948	85800	582	585	1167	1088	79	13·60	—	28
1949	85540	532	454	986	937	49	11·53	—	22
1950	85500	472	418	890	831	59	10·41	*11·03	17
1951	83400	453	431	884	834	50	10·60	11·23	22
1952	82980	480	477	957	907	50	11·53	12·22	34

* A comparability factor for births was issued by the Registrar-General in 1950; similar information for previous years has not been issued.

MATERNAL MORTALITY
For years 1933 to 1952 inclusive

Year	No. of Live and Stillbirths	RATES PER 1,000 LIVE AND STILLBIRTHS					
		Sepsis		Other Causes		Total	
		No.	Rate	No.	Rate	No.	Rate
1933	793	—	—	3	3·78	3	3·78
1934	905	—	—	3	3·31	3	3·31
1935	849	1	1·18	3	3·53	4	4·71
1936	838	1	1·19	2	2·39	3	3·58
1937	872	2	2·29	2	2·29	4	4·58
1938	843	—	—	—	—	—	—
1939	780	2	2·44	1	1·22	3	3·66
1940	911	—	—	1	1·08	1	1·08
1941	989	1	0·88	2	1·77	3	2·65
1942	1112	1	0·90	2	1·80	3	2·70
1943	1083	—	—	1	0·92	1	0·92
1944	1198	—	—	2	1·67	2	1·67
1945	1058	1	0·95	3	2·83	4	3·78
1946	1268	1	0·79	—	—	1	0·79
1947	1351	—	—	2	1·48	2	1·48
1948	1195	—	—	2	1·67	2	1·67
1949	1008	—	—	2	1·98	2	1·98
1950	907	—	—	—	—	—	—
1951	906	—	—	—	—	—	—
1952	991	—	—	2	2·02	2	2·02

Part II

(a) GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

Medical Staff—Dr. W. E. Fitzgerald retired at the end of September. Dr. Matthews, the Medical Officer in charge of the Mental Health Service resigned in March and had not been replaced by the end of the year. Dr. Ardley joined the staff from Gateshead as Deputy Medical Officer and Deputy School Medical Officer. Drs. Rankine, Tracy-Forster and Bardsley continued to carry out the work of the three specialist clinics connected with the School Health Service. These are the Ophthalmic, Ear, Nose and Throat and Skin Disease Clinics.

Dr. R. S. Cook, by arrangement with the Liverpool Regional Board, gave 3/11ths of his time to district and preventive medical work in connection with tuberculosis.

Infectious diseases cases in New Hall Hospital are in the medical care of Dr. Ardley and Dr. R. S. Cook with the Medical Officer of Health in consultant charge of the hospital unit. This arrangement between the Local Authority and the Liverpool Regional Hospital Board is an excellent one.

Dr. Davison, the lady Assistant Medical Officer of Health, continued to be responsible for the medical care of the children in the children's homes maintained by the Corporation.

Nurses' Agency—Any person who wishes to carry on an agency for the supply of nurses must be registered in accordance with the Nurses' Act, 1943, and the Nurses' Agencies Regulations, 1945. One agency was registered during 1951 and all the inspection reports showed that the establishment was conducted in a satisfactory manner throughout 1952.

Medical Examinations—The following table shows the work done by the medical staff of the department during 1952 in regard to the medical examination of employees for the purpose of the Superannuation, Sickness Pay and Re-Examination Schemes.

Department					NUMBER OF MEDICAL EXAMINATIONS			
					Super- annuation Scheme	Sickness Pay Scheme	Re- Exami- nations	TOTAL
Borough Architect	...	...	...	...	2	—	—	2
Borough Engineer	...	...	...	...	4	20	13	37
Borough Treasurer	...	...	...	...	9	—	1	10
Education	...	...	...	...	50	36	2	88
Health	...	...	...	...	3	4	—	7
Libraries	...	...	...	...	3	—	—	3
Police	...	...	...	...	—	1	1	2
Publicity	...	...	...	...	2	13	1	16
Parks and Cemeteries	...	...	...	...	—	16	5	21
Town Clerk's	...	...	...	...	6	—	—	6
Transport	...	...	...	...	2	20	15	37
Water Board	...	...	...	...	1	11	—	12
Weights and Measures	...	...	...	...	1	—	—	1
Welfare Services	...	...	...	...	4	2	—	6
Lighting	...	...	...	...	1	4	2	7
Children's	...	...	...	...	4	5	—	9
Electricity	...	...	...	...	7	—	—	7
District Nurses	...	...	...	...	4	—	—	4
TOTALS	...	...	...	...	103	132	40	275

Laboratory Facilities—The same arrangements as in previous years were continued. Specimens for pathological examination are sent to the laboratory of the Southport Infirmary and samples of food and drugs requiring chemical analysis are sent to the City Analyst of Liverpool, who also acts as the Public Analyst for Southport. The bacteriological examinations of milk, food and water supplies are done by the Liverpool City Bacteriologist by arrangement with the City of Liverpool Authority.

Private Nursing Homes—At the end of the year there were 13 nursing homes on the Council's register, the total number of beds provided being as follows:—

Maternity Cases	...	...	...	...	...	...	14 beds
Medical, Surgical and General Cases	...	...	...	...	...	...	87 beds
TOTAL ...							101 beds

During the year the Supervisor of Nursing Homes made 41 visits of inspection and all her reports were satisfactory.

Riding Establishment Act, 1939—The purpose of this Act is to prevent the ill-treatment of horses used in riding establishments and Mr. H. R. Hewetson is the registered Veterinary Surgeon appointed by the local authority to carry out the necessary inspections on their behalf.

During the twelve months period to the 30th September, 1952, Mr. Hewetson made forty visits to ten riding establishments and carried out two hundred and four inspections.

Mr. Hewetson's report stated that the general standard of care, stabling and use of the animals continued to be satisfactory.

Persons in need of care and attention—During 1952, five patients were dealt with under the powers contained in Section 47 of the National Assistance Act, 1948, the details being as follows:—

CASE No. 1—This man, aged 89 years, had been admitted to the Ormskirk County Hospital in October, 1949, and the court order had been renewed every three months up to January, 1952. A further renewal of the order, however, was not necessary as this patient died on the 3rd April.

CASE No. 2—This woman, aged 73 years, was found to be living alone in insanitary circumstances and although she was fairly active her eyesight was very bad. As she did not appear to be able to care for herself and as none of her family was alive, the Court decided that she should be moved to a hostel for old people. In October, 1951, therefore, she was admitted to a hostel at Ashton-under-Lyne and she settled down so well that it was not considered necessary to renew the court order.

CASE No. 3—This woman, aged 66 years, was referred to the Department in 1951 by her son as she was suffering from a chronic disease and was not able to look after herself. As her son was in the Merchant Navy he was not available to help her and for these reasons it was decided that admission to hospital would be the best way of meeting the difficulty. A court order was obtained and the patient was admitted to the County Hospital, Ormskirk, in September of that year; she was subsequently admitted to the Southport Infirmary and she died in this hospital in September, 1952.

CASE No. 4—This was a woman aged 81 years who was found to be living in insanitary conditions and unable to care for herself due to her physical condition. As there were no relatives or friends to look after her, an application was made to the court and an order obtained for her removal.

She was admitted to one of the Corporation's Hostels in March, 1952, and the order was renewed for a further period of three months in May and again in August. No further action was necessary after that date, however, as the patient had settled down in the Hostel and had no desire to leave.

CASE NO. 5—This woman, aged 79 years, was suffering from grave chronic disease and was not able to care for herself; there were no friends or relatives to help her and for this reason the Court made an order in December authorising her removal to a Hostel. This was arranged and she was still being cared for in the Hostel at the end of the year.

It will be seen, therefore, that at the end of the year, there was only one court order still in force.

In the operation of Section 47 of the National Assistance Act of 1948, the onus of finding accommodation in hospital, where this type of accommodation is necessary, in practice lies with the Medical Officer of Health who certifies that the removal of the patient to hospital is necessary. Difficulties may arise when the hospital authorities, who agree to admit a patient under an order of the Court, find later that the patient is difficult and tends to cause unpleasantness in the hospital ward. It is felt that in such cases, the disposal of the patient by transfer to another hospital should be the responsibility of the hospital authorities of the area, and should not devolve again upon the Medical Officer of Health until the order has been rescinded by the justices.

Local Health Authority's Services—In August, 1952, the Minister of Health sent a letter to all county and county borough councils stating that he considered it would be advantageous to central and local administrations alike, if a special survey was made of the services provided under the National Health Service Acts for inclusion with the Annual Reports of Medical Officers of Health for the year 1952.

A survey of this kind was carried out in regard to the services for Southport and the report which was prepared for submission to the Ministry of Health, was approved by the Health Committee at their meeting in February, 1953; details of this survey, including an account of the services existing at the end of 1952 together with a review of their working as part of the National Health Service as a whole, are contained in the succeeding section of this Report.

To avoid duplication, therefore, the information in regard to the Local Health Authority's services which is normally included in this part of the Report, has been reduced to the minimum and where necessary, reference has been made to details contained in the special survey.

MATERNITY AND CHILD WELFARE

Notification of Births—During 1952 a total of 1,196 births was notified. This figure included 1,161 live births and 35 still births, the corresponding figures for 1951 being 1,067 live and 28 still births making a total of 1,095. The number of births occurring in the Maternity Hospitals in 1952 was 1,066 as compared was 940 in the previous year.

Ante-Natal Care—See Special Survey Report, Section 5.

Post-Natal Care—See Special Survey Report, Section 5.

Child Welfare Centres—The following statement shows additional details of the attendances made at the centres during the year; other information is shown in Section 5 of the Special Survey Report.

	Ains- dale	Cros- sens	Derby Road	Hamp- ton Rd.	High Park	Liver- pool Rd.	TOTALS
INFANTS—under 1 year—							
No. of New Cases ...	63	74	151	178	167	84	717
No. of re-attendances	1180	1257	1931	2588	2406	1900	11262
CHILDREN—over 1 and under 5 years—							
No. of New Cases ...	8	3	22	11	16	10	70
No. of re-attendances	913	849	961	715	936	792	5166
Total No. of attend'c's	2164	2183	3065	3492	3525	2786	17215
No. of Sessions ...	48	47	45	47	95	47	329
Average Attendance per Session... ..	45	46	68	74	37	59	52
Total No. of children who attended during the year	222	266	408	435	492	382	2205
Average Attendance per child	9·8	8·2	7·5	8·0	7·2	7·3	7·8
No. of Attendances made by Health Visi- tors	96	94	126	135	190	94	735
No. on register at:—							
(a) Beginning of year: aged—							
Under 1 year ...	48	70	99	129	125	102	573
Over 1 and un- der 5 years ...	142	203	256	253	319	284	1457
TOTALS ...	190	273	355	382	444	386	2030
(b) End of year: aged							
Under 1 year ...	52	68	143	153	145	87	648
Over 1 and un- der 5 years ...	155	178	253	267	323	270	1446
TOTALS ...	207	246	396	420	468	357	2094

Dental Clinic—The following tables show the work done during the year; other information is included in Section 5 of the Special Survey Report.

(a) Number of Cases Treated:—

	Examined	Found to be in need of Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ...	—	—	—	—
Children under 5	163	107	107	107
TOTALS	163	107	107	107

(b) Classification of Treatment provided:—

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	—	—	—	—	—	—	—	—	—	—
Children under 5...	121	85	2	190	1	187	—	—	—	—
TOTALS ...	121	85	2	190	1	187	—	—	—	—

Day Nurseries—The following table shows the attendances at the Day Nurseries during 1952; other details are included under Section 5 of the Special Survey Report.

	King Street	Bedford Park	Totals
(1) Number of places provided ...	60	40	100
(2) Mondays to Fridays:—			
(a) Total attendances ...	13213	9358	22571
(b) Number of days open ...	255	255	255
(c) Average daily attendance ...	52	37	89
(3) Mondays to Saturdays:—			
(a) Total attendances ...	14242	9582	23824
(b) Number of days open ...	305	303	305/303
(c) Average daily attendance ...	47	31	78

Care of Premature Infants—See table overleaf for the number of premature infants born during the year and Section 5 of the Special Survey Report for other details.

Care of Unmarried Mothers and their Babies—The following table shows how the notified illegitimate births were dealt with during 1952; for other details see Section 5 of the Special Survey Report.

	Southport	Others	Total
Remained with parent or relative	23	—	23
With foster-mother ...	1	1	2
Adopted ...	2	2	4
Died ...	1	—	1
	27	3	30

PREMATURE INFANTS BORN DURING 1952

(Premature infants are babies whose weight at birth is 5½ lbs. or less)

Born at:—	HOME				NURSING HOME				HOSPITAL				Grand Totals
	Under 3-lbs.	3—4 lbs.	4—5½ lbs.	Totals	Under 3-lbs.	3—4 lbs.	4—5½ lbs.	Totals	Under 3-lbs.	3—4 lbs.	4—5½ lbs.	T totals	
1. Number notified (After adjustments for transfers) ...	—	—	6	6	—	—	2	2	4	10	70	84	92
2. Number in (1) above who:—													
(a) Died within 24 hrs.	—	—	—	—	—	—	—	—	—	1	1	2	2
(b) Died 2nd to 7th day	—	—	—	—	—	—	—	—	2	1	1	4	4
(c) Died 8th to 28th day	—	—	—	—	—	—	—	—	1	1	1	3	3
(d) Survived 28 days ...	—	—	6	6	—	—	2	2	1	7	67	75	83
TOTALS ...	—	—	6	6	—	—	2	2	4	10	70	84	92
3. Percentage who survived 28 days ...	—	—	100%	100%	—	—	100%	100%	25%	70%	96%	89%	90%

Domiciliary Midwifery Service—An account of the work of this service is given in Section 6 of the Special Survey Report; the following statement also gives additional details for the year, 1952.

					As Midwife	As Maternity Nurse	Total
(1)	Number of cases attended...	...	...		57	14	71
(2)	Number of cases in (1) above who received gas and air analgesia	...	...	...	33	8	41
(3)	Number of cases in (1) above for whom medical aid was summoned during the year						
	(a) Where the medical practitioner had arranged to provide the mother with maternity medical services under the National Health Service Act	...	...	...	...	...	—
	(b) Other cases	...	...	...	...	...	4
	TOTAL	...	...	...	...	...	4
(4)	Number of visits made by municipal midwives during the year:—						
	(a) Ante-Natal	...	...	...	...	...	853
	(b) Nursing	...	...	...	...	...	1995
	Total number of visits	...	...	...	...	...	2848

In addition, the midwives made a total of 81 attendances at the Ante-Natal Clinics which were held at 44 Hoghton Street.

Midwives in Private Practice—During the year, ten private midwives notified their intention to practice on the district. Only seven of these, however, were actually engaged in midwifery work and the following statement shows the work done in 1952. Three of the seven midwives mentioned above are qualified to administer gas and air analgesia.

					As Midwife	As Maternity Nurse	Totals
(1)	Number of cases attended	...	...		7	13	20
(2)	Number of cases in (1) above who received gas and air analgesia	...	...	...	—	1	1
(3)	Number of cases in (1) above for whom medical aid was summoned						
	(a) Where the medical practitioner had arranged to provide the mother with maternity medical services under the National Health Service Act	...	...	...	...	...	3
	(b) Other Cases	...	...	...	...	...	1
	TOTAL	...	...	...	...	...	4
(4)	Number of visits of inspection made by non-medical Supervisor to Midwives in their own homes	...	...	...	...	...	45

Maternity Nursing Homes—The following table shows the number of maternity cases dealt with by private Nursing Homes during the year:—

	As Midwife	As Maternity Nurse	Total
(1) Number of Cases	3	40	43
(2) Number of cases in (1) above who received gas and air analgesia	1	12	13
(3) Number of cases in (1) above for whom medical aid was summoned ...			None
(4) Number of practising midwives employed in private nursing homes at the 31st December, 1952			5
(5) Number of midwives in (4) above who are qualified to administer gas and air analgesia			2

Maternity Hospitals—The two Maternity Hospitals in the town are administered by the Southport and District Hospital Management Committee and the following table shows the number of cases dealt with during 1952:—

	Christiana Hartley Maternity Hospital	St. Katharine's Maternity Hospital	Total
(1) Number of cases attended			
(a) As Midwife	367	260	627
(b) As Maternity Nurse	200	293	493
TOTALS ...	567	553	1120
(2) Number of Cases in (1) above who received gas and air analgesia			
(a) As Midwife	340	201	541
(b) As Maternity Nurse	44	242	286
TOTALS ...	384	443	827
(3) Number of cases in (1) above for whom medical aid was summoned	172	35	207
(4) Number of practising Midwives on the staff at end of year	8	5	13
(5) Number of Midwives in (4) above who are qualified to administer gas and air analgesia	7	4	11

Distribution of Maternity Cases—The following table shows the percentage of maternity cases dealt with during 1952 by the various services and similar figures are also shown for the previous year:—

	1952		1951	
	No. of cases	%	No. of cases	%
DISTRICT—				
Municipal Midwives... 	71	5·66	78	6·70
Private Midwives 	20	1·62	28	2·40
Totals (a) ...	91	7·28	106	9·10
INSTITUTIONS—				
Christiana Hartley Maternity Hos- pital 	567	45·20	470	40·34
St. Katharine's Maternity Hospital...	553	44·09	544	46·70
Nursing Homes 	43	3·43	45	3·86
Totals (b) ...	1163	92·72	1059	90·90
Grand Totals (a) and (b) ...	1254	100·00	1165	100·00

SUMMARY OF MIDWIFERY STATISTICS FOR YEAR 1952

	No. of Cases			No. of Cases in Column (3) who received gas and air analgesia			No. of Cases in Column (3) for whom medical aid was summoned (7)
	As Midwife (1)	As Maternity Nurse (2)	Total (3)	As Midwife (4)	As Maternity Nurse (5)	Total (6)	
DISTRICT CASES:—							
Municipal Midwives	57	14	71	33	8	41	4
Private Midwives	7	13	20	—	1	1	4
TOTALS (a)	64	27	91	33	9	42	8
INSTITUTIONAL CASES:—							
Christiana Hartley Maternity Hospital ...	367	200	567	340	44	384	172
St. Katharine's Maternity Hospital ...	260	293	553	201	242	443	35
Nursing Homes	3	40	43	1	12	13	—
TOTALS (b)	630	533	1163	542	298	840	207
GRAND TOTALS (a) and (b)	694	560	1254	575	307	882	215

HEALTH VISITING

The Health Visiting Service provides general care for nursing and expectant mothers and young children, and in addition, is available for the purpose of giving advice to persons of all ages in the town who are suffering from illness. The Health Visitors also assist families by providing them with information concerning the other health services which are available. Further details are shown in Sections 7 and 11 of the Special Survey Report and also in the Appendix.

The following table shows the work done by the Health Visitors during 1952:—

					First Visits	Re-Visits	Total Visits
EXPECTANT MOTHERS	...	...	...	...	667	700	1367
<hr/>							
CHILDREN UNDER 1 YEAR—							
Routine	...	...	...	...	926	6238	7164
Prematurity	...	...	...	...	36	85	121
Stillbirth	...	...	...	...	20	3	23
Immunisation	...	...	...	...	—	98	98
Illness	...	...	...	...	—	37	37
Miscellaneous	...	...	...	...	11	194	205
					993	6655	7648
<hr/>							
CHILDREN 1 TO 5 YEARS—							
Routine	...	...	...	...	16	9045	9061
Immunisation	...	...	...	...	—	154	154
Illness	...	...	...	...	—	26	26
Miscellaneous	...	...	...	...	—	137	137
					16	9362	9378
<hr/>							
OTHER CASES—							
Infectious Disease	...	...	...	...	1	5	6
Other Illness	...	...	...	...	12	15	27
Old People	...	...	...	...	257	1458	1715
Miscellaneous	...	...	...	...	177	138	315
					447	1616	2063
<hr/>							
Summary							
EXPECTANT MOTHERS	...	...	...	...	667	700	1367
CHILDREN UNDER 1 YEAR	...	...	...	...	993	6655	7648
CHILDREN AGED 1 TO 5 YEARS	...	...	...	...	16	9362	9378
OTHER CASES	...	...	...	...	447	1616	2063
					2123	18333	20456
<hr/>							
TOTALS	...	...	...	...	2123	18333	20456
<hr/>							

In addition, the Health Visitors made the following attendances at Clinics and Centres during the year:—

- 671 attendances at Welfare Centres.
- 48 attendances at the Post-Natal Clinic which is held at 44 Hoghton Street.
- 30 attendances at the Geriatric Out-Patients' Clinic which is held at the Promenade Hospital.
- 43 attendances at the Paediatric Clinic, and
- 28 attendances at the V.D. Clinic which are held at the Southport Infirmary.

820 Total number of clinic attendances made by Health Visitors.

HOME NURSING

Details of this service are contained in Section 8 of the Special Survey Report; additional statistics are shown below:—

Number of Cases dealt with during 1952:—

	Classification of Cases							TOTALS
	A	B	C	D	E	F	G	
No. of Cases on Register at commencement of year ...	206	41	2	1	1	3	—	254
Add number of new cases ...	1425	262	23	31	84	102	8	1935
TOTALS ...	1631	303	25	32	85	105	8	2189
Deduct number of cases discontinued ...	1395	256	20	32	82	103	7	1895
Number of cases on register at end of year ...	236	47	5	—	3	2	1	294

Number of visits made during the years 1949, 1950, 1951 and 1952:—

Classification of Cases:—					Year:—			
					1949	1950	1951	1952
A	Medical	...	...	...	24,951	31,648	30,792	32,649
B	Surgical	...	...	...	8,021	7,219	7,615	8,028
C	Tuberculosis	...	...	...	511	499	691	793
D	Infectious Diseases	...	...	...	273	262	814	223
E	School Children	...	...	...	276	340	343	388
F	Children under 5 years of age	...	...	...	1,212	809	921	1,351
G	Maternity	...	...	...	57	113	38	153
TOTALS ...					35,301	40,890	41,214	43,585

DIPHTHERIA IMMUNISATION

A report of this service is contained in Section 9 of the Special Survey Report; further details of the numbers immunised during the year are shown below:—

					Primary Immunisations	Reinforcing Injections
(a) Age of child when full course completed or reinforcing injection was given:—						
	Under 1 year	...	...	...	562	—
	1 to 2 years...	...	...	...	95	—
	2 to 3 years...	...	...	...	27	—
	3 to 4 years...	...	...	...	16	2
	4 to 5 years...	...	...	...	24	326
	5 to 9 years...	...	...	...	24	210
	10 to 14 years	...	...	...	21	71
TOTALS ...					769	609
(b) Done by:—						
	(1) General Practitioners	...	...	...	291	242
	(2) Health Department's Staff	...	...	...	478	367
TOTALS ...					769	609

The percentage of children immunised at the end of 1952 is shewn below together with similar figures for the previous year:—

	1951			1952		
	Age Groups			Age Groups		
	0—4	5—14	Total 0—14	0—4	5—14	Total 0—14
Total number of children who had completed full course of primary immunisation at any time up to the 31st December	3204	8639	11843	2908	8702	11610
Estimated child population (Mid-Year)	4992	9158	14150	4600	9400	14000
Percentage of children immunised	64·18	94·33	83·69	63·22	92·58	82·94

SMALL POX VACCINATION

The smallpox vaccination scheme was continued by the general practitioners as in the previous year on the same lines as for the diphtheria immunisation scheme. Further details are shown in Section 9 of the Special Survey Report.

The following table shows the number of persons vaccinated and re-vaccinated in 1952 and the previous year:—

	1951						1952					
	Age Groups						Age Groups					
	Un- der 1 yr.	1—2	2—4	5—14	15 and over	Total	Un- der 1 yr.	1—2	2—4	5—14	15 and over	Total
Number of persons (a) Vaccinated ...	96	103	25	27	90	341	106	90	24	13	84	317
(b) Re-vaccinated	—	—	7	25	192	224	—	—	5	18	257	280

AMBULANCE SERVICE

The following table shows the number of cases dealt with during 1952 and similar information is also given for the previous year; further details are given in Section 10 of the Special Survey Report.

	1951		1952	
	No. of Cases	Mileage	No. of Cases	Mileage
(1) REMOVAL OF CASES:—				
Accident	974	4950	990	4729
Maternity	278	1700	313	1745
Sickness	16950	92229	2808	102474
Infectious Disease	178	3170	167	2674
Mutual Assistance to other Local Authorities	30	360	44	765
Inter-Hospital Removals	453	6433	677	8089
Total Number of Cases Removed ...	18863	108842	23499	120476
(2) OTHER WORK:—				
Removal of Bodies to Mortuary ...	31	150	11	54
Ambulance not required	564	1615	493	1313
Miscellaneous	57	466	108	552
TOTALS	652	2231	612	1919

	1951		1952	
	No. of Cases	Mileage	No. of Cases	Mileage
SUMMARY:—				
(1) Removal of Cases	18863	108842	23499	120476
(2) Other Work	652	2231	612	1919
Grand Totals* ...	19515	111073	24111	122395
*ANALYSIS:—				
Inside Borough	18503	62321	22713	51021
Outside Borough	1112	48752	1398	71374
	19515	111073	24111	122395

PREVENTION OF ILLNESS—CARE AND AFTER-CARE

General—The general work done in regard to prevention of illness, care and after-care, is shown in the sections of this report dealing with the Health Visiting, Mental Health and Tuberculosis Services and the corresponding Sections of the Special Survey Report.

Sick Room Helpers' Scheme—The Sick Room Helper takes her instructions from the doctor or district nurse attending the case, and she carries out the normal nursing care which ordinarily would be done by relatives or friends if they were available. During 1952, 21 patients were helped in this way. For further details, see Section 11 of the Special Survey Report.

Sick Room Equipment—As in the previous year, this Service continued to be dealt with by the Southport and Birkdale District Nursing Society. This method of organisation has proved both efficient and economical as the majority of cases requiring sick room equipment are already being visited by the District Nurses and the articles required can be supplied at the same time. A small charge is made for the hire of the equipment, but in cases of hardship the fee may be reduced or cancelled.

During 1952 sick room equipment was supplied to 285 patients as compared with 266 in the previous year.

Co-operation with Hospitals—Throughout the year, the Almoners of the local Hospitals continued to refer the names of patients to the Health Department where the services of a district nurse or home help seemed to be required. A total of 110 patients was dealt with in this manner and the necessary help was arranged.

As mentioned elsewhere in this Report, the Tuberculosis Visitor continued to attend the Treatment Clinics which are held at the Southport Infirmary and this co-operation between the Hospital and District Service is of the greatest value.

HOME HELP SERVICE

The services of a Home Help can be provided in the following circumstances:—

- When a person is ill.
- For expectant and nursing mothers.
- For elderly persons who are infirm or ill.
- To households where there is a mental defective in the family, and
- In any case when it is considered that the services of the Home Help would relieve anxiety and distress.

The following statement shows the work done by the service in 1952; further details are also shown in Section 12 of the Special Survey Report.

	Classification of Cases			Total
	Maternity	Sickness	Old Age	
Number of Cases on register at beginning of year	2	24	60	86
Number of New Cases during year	29	65	92	186
Number of Cases discontinued during year ...	31 31	89 57	152 78	272 166
Number of Cases on register at end of year ...	—	32	74	106
Number of Applications received	31	75	99	205
Number of Cases assisted	29	65	92	186
Number of Cases not assisted	2	10	7	19*
Number of Hours worked by Helps	1126	5562	13704	20392

(*In 19 Cases the request for help was withdrawn by the Applicants).

Number of Helps employed at beginning of year (All Part-Time)	19
Number Appointed during year	8
	27
Number leaving during year	4
Number of Helps employed at end of year	23
Number of Visits to homes by Organiser	660
Number of Persons interviewed at Office	810

MENTAL HEALTH SERVICES

Full details of the work of this service are given in Section 14 of the Special Survey Report. The following statistics show the cases dealt with during 1952:—

(A) MENTAL ILLNESS (Lunacy and Mental Treatment Acts, 1890 to 1930)				Male	Female	Total
(1)	Number of Admissions to Hospital:—					
	for observation—Sec. 20 Lunacy Act, 1890	...	...	31	56	87
	for observation—Sec. 21(1) do.	...	...	2	—	2
	as certified patients—Sec. 11 do.	...	...	—	2	2
	as certified private patients—Sec. 4, 5 & 6 do.	...	...	2	4	6
	as voluntary patients—Sec. 1 Mental Treatment Act, 1930	...	...	21	20	41
	TOTALS	...	...	56	82	138
(2)	Number of admissions to mental hospitals from observation wards at County Hospital, Ormskirk			10	20	30
(3)	Number of certifications for continued detention of patients already in County Hospital, Ormskirk			4	5	9
(4)	Number of cases referred to the department for investigation during the year			114	169	283
(5)	Action taken in regard to cases mentioned in (4) above:—					
	admitted to Hospital for observation	...	...	33	56	89
	(of these, 41 were subsequently certified)					
	admitted to hospital as voluntary patients...	...	...	22	24	46
	referred to Psychiatric Out-Patients' Clinic	...	...	13	12	25
	referred to Welfare Service	...	...	8	10	18
	admitted to hospital as senile dementia cases	...	...	9	18	27
	no further action indicated after investigation	...	...	29	49	78
	TOTALS	...	...	114	169	283
(6)	Total number of visits made by Duly Authorised Officers:—					
	(a) After-Care Visits	...	...	195	235	430
	(b) All other Visits	...	...	129	126	255
	Total Number of visits			324	361	685

(B) MENTAL DEFICIENCY (Mental Deficiency Acts, 1913 to 1938)	During 1952				Total Cases on Authority's registers as at 1/1/1953			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
(1) PARTICULARS OF CASES REPORTED DURING 1952:—								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by:—								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school	—	—	—	—	—	—	—	—
(2) On leaving special schools	—	—	—	—	—	—	—	—
(3) On leaving ordinary schools... ..	—	—	—	—	—	—	—	—
(ii) Police or by Courts	—	—	—	—	—	—	—	—
(iii) Other sources	—	—	—	—	—	—	—	—
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	—	—	—	—	—	—	—	—
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	3	3	—	—	—	—	—	—
Total number of cases reported during the year ...	3	3	—	—	—	—	—	—
(2) DISPOSAL OF CASES:—								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number								
(i) Placed under Statutory Supervision ...	—	—	—	—	4	2	7	9
(ii) Placed under Guardianship*	—	—	—	—	—	—	—	—
(iii) Taken to "Places of Safety"	—	—	—	—	3	1	1	—
(iv) Admitted to Institutions	—	—	—	—	2	5	50	36
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number:—								
(i) Placed under Voluntary Supervision ...	—	—	—	—	—	—	3	3
(ii) Action unnecessary	—	—	—	—	—	—	—	—
Total of Item 2	—	—	—	—	9	8	61	48
(3) CLASSIFICATION OF DEFECTIVES IN THE COMMUNITY ON 1/1/53:—								
(a) Cases included in Item 2(a)(i) to (iii) above in need of institutional care:—								
(1) In urgent need of institutional care:—								
(i) "cot and chair" cases	—	—	—	—	1	—	—	—
(ii) ambulant low grade cases	—	—	—	—	3	—	—	—
(iii) medium grade cases	—	—	—	—	—	1	—	—
(iv) high grade cases	—	—	—	—	—	—	—	1
(2) Not in urgent need of institutional care:—								
(i) "cot and chair" cases	—	—	—	—	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—	—	—	1	—
(iii) medium grade cases	—	—	—	—	—	—	—	—
(iv) high grade cases	—	—	—	—	—	—	—	—
Total of Item 3(a)... ..	—	—	—	—	4	1	1	1

*Number of defectives under Guardianship on 1st January, 1953, who were dealt with under the provisions of Section 8 or 9:—M., Nil; F., Nil.

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
(3)(b) Of the cases included in items 2(a)(i) and (ii) and 2(b)(i) overleaf, number considered suitable for:—				
(i) occupation centre	3	2	3	9
(ii) industrial centre	—	—	—	—
(iii) home training	—	—	—	—
Total of item 3(b)	3	2	3	9
(c) Of the cases included in Item 3(b) number receiving training on 1/1/53:—				
(i) in occupation centre	—	—	—	—
(ii) in industrial centre	—	—	—	—
(iii) at home	3	2	2	9
Total of Item 3(c)	3	2	2	9

- (4) Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in “Places of Safety” on 1st January, 1952, who have ceased to be under any of these forms of care during 1952.

	M.	F.	T.
(a) Ceased to be under care	—	—	—
(b) Died, removed from area, or lost sight of ...	3	1	4
TOTAL	3	1	4

- (5) Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1952	Nil
(b) Number who have married during 1952	Males Females
	— —

- (6) Number of visits made by Mental Health Visitors during 1952 to cases under Statutory Supervision, Guardianship or on Licence from Institutions, etc. 213

Training of Mental Defectives

Summary of work for 1952:—

- (1) No. on register—
- | | |
|---|----|
| Number of cases on register at beginning of period | 18 |
| Number of new cases added | 1 |
| | — |
| | 19 |
| | — |
| Number of cases taken off register | — |
| | — |
| Number of cases on register at end of period | 19 |
| | — |
- (2) Training at Homes of Mental Defectives:—
- (a) Number of visits made to mental defectives in their own homes 1034
- (b) Kinds of training provided:—

Physical work, speech, sense and number training, money and time values, eurhythmics, painting, modelling, basketry, music, embroidery, knitting and sewing.

- (3) At the Centre:—
- (a) Number of sessions held 90

(b) Total number of attendances made by mental defectives during the period 734

(c) Number of defectives attending Centre at end of the period ... 14

(d) Kinds of training provided:—
Physical and rhythmic training, handwork, sense training, singing and games.

CENTRES AND CLINICS

ADDRESS	DAY	TIME
CHILD WELFARE CENTRES:—		
1. Methodist Church, Ainsdale	Mondays	2 to 4 p.m.
2. North Road, Crossens	Wednesdays	2 to 4 p.m.
3. Methodist School, Liverpool Road ...	Tuesdays	2 to 4 p.m.
4. Poulton Road, High Park	Tuesdays	2 to 4 p.m.
do. do.	Wednesdays	2 to 4 p.m.
5. Hampton Road	Thursdays	2 to 4 p.m.
6. Methodist School, Derby Road ...	Fridays	2 to 4 p.m.
ANTE-NATAL CLINICS:—		
44 Hoghton Street	Thursdays	2 to 4 p.m.
POST-NATAL CLINICS:—		
44 Hoghton Street	Mondays	2.30 to 3.15 p.m.
TUBERCULOSIS CONTACT CLINIC:—		
Southport Infirmary	Mondays	2 to 5 p.m.

Part II

(b) SPECIAL SURVEY REPORT OF
LOCAL HEALTH AUTHORITY'S
SERVICES

NATIONAL HEALTH SERVICE

SPECIAL SURVEY OF LOCAL HEALTH SERVICES

(Ref.—Ministry of Health Circular 29/52, dated 15th August, 1952)

General

1. Administration

(a) The Medical Officer of Health is responsible for the overall executive control of the Health Department to the Health Committee of the Southport County Borough Council. The deputy and lady assistant medical officers have control of the Mental Health and Maternity and Child Welfare Services respectively, and so have certain administrative responsibilities. The members of the whole time medical staff are:—

G. N. M. Wishart, M.R.C.S., L.R.C.P., D.P.H.,
Medical Officer of Health.

J. Ardley, M.B., B.S., D.P.H.,
Deputy Medical Officer of Health.

Anna I. Davison, M.B., CH.B.,
Assistant Medical Officer of Health.

(b) The following Standing Sub-Committees have been appointed to deal with special aspects of the services.

- (1) Home Nursing Joint Sub-Committee.
- (2) Mental Health Service Sub-Committee.
- (3) Sub-Committee for cases to be dealt with under Section 47 of the National Assistance Act, 1948.
- (4) Joint Health and Education Sub-Committee.

(c) Special reports of detailed matters are made in the first place to the Section Head and are then passed, if necessary, to the Medical Officer of Health. Reports from all sections are dealt with in this way, e.g., from the Health Visitors through the Superintendent Health Visitor; from the Midwifery Staff through the Supervisor of Midwives, etc. Co-ordination is carried out largely by the Lay Administrative Officer to the department and he is also responsible for the preparation of reports, the compilation of statistics and much of the direction of the clerical work entailed.

(d) Monthly reports of the work carried out in each section are submitted through the Section Heads to the Medical Officer of Health and may then be placed before the Health Committee or be incorporated in the Quarterly Report.

(e) Regular meetings of the Health Visiting Staff are held and these are attended by the Assistant Medical Officer.

COMMENTS—The 1946 National Health Service Act, though it relieved the Local Health Authority of certain administrative duties particularly in regard to hospitals, added many others, with the result that the administrative problems of the department are now greater and more detailed than before the 1946 Act came into force. One particular difficulty in an area such as this is to ensure proper co-ordination of the Services available, in order that efficiency and economy may be promoted by the avoidance of overlapping, e.g., it not infrequently happens that an elderly chronically sick person while at home is receiving at one time, help from the Home Nursing Staff, from the Domestic Help Staff, visits from the geriatric Health Visitor regarding admission to hospital, meals from the "Meals on Wheels" service of a voluntary organisation, care from the Welfare Services of the Corporation and from the Old Peoples' Voluntary Welfare Committee; it may then

be necessary to move the person through the offices of a Duly Authorised Officer to a hospital for senile dementia cases at very short notice, when it at once becomes necessary that all services to the home should cease and all concerned be informed accordingly. The General Medical Practitioner holds a key position in a case of this kind but has often neither the time nor the necessary contacts to deal with such matters: he should have the greatest possible help from the Health Department in such cases and the necessary co-ordination should be centred in that Department.

2. Co-ordination and Co-operation with other parts of the National Health Service

A town of this size lends itself well to co-ordination between the main branches of the Health Service.

The following points indicate the position:—

(a) Members of the Health Committee are also members of the Hospital Management Committee.

(b) Members of the Health Committee are also members of the Local Executive Council.

(c) The Medical Officer of Health acts as the Honorary Secretary of the Medical Advisory Board to the Hospital Management Committee and is thus kept informed of all hospital matters of importance.

(d) The Deputy Medical Officer of Health is also a member of the Medical Advisory Board to the Hospital Management Committee.

(e) The Medical Officer of Health is a member of the Local Medical Committee of the Local Executive Council and together with the Deputy Medical Officer represents the Local Health Authority on a Sub-Committee of the Local Medical Committee which deals with any difficulties which arise as between the General Practitioners' work and that of the Public Health Service.

(f) The Medical Officer of Health is a member of the Obstetric Sub-Committee of the Local Executive Council.

(g) Good liaison exists at officer level between the Hospital Management Committee, the Local Executive Council and the Local Health Authority.

(h) The almoners of the local hospitals have good relations with the public health department staff who arrange when necessary for domestic help, home nursing, sick room equipment, etc., to be made available to patients on discharge from hospital.

COMMENTS—In Southport there is good co-operation between the three main branches of the Service. This has been brought about by interlocking membership at Committee level and good working liaison by personal contact at officer level. There is still much lack of knowledge of the Services available, even though information as to these is constantly being provided by the public health department. A booklet in regard to these services was issued in 1948 to General Practitioners and to members of the public, but it is now out of date and requires revision: it is possible that a booklet combining information as to the three parts of the Service together with information of the other social services both voluntary and statutory would be of more value.

3. Joint Use of Staff

(a) Hospitals

(1) The Medical Officer of Health is recognised by the Liverpool Regional Hospital Board as being in consultant charge of the Infectious Diseases Hospital at New Hall.

(2) The Deputy Medical Officer has also certain clinical responsibilities in respect of the treatment of fever cases in that hospital.

(Neither Medical Officer has yet been graded as to his position in the hospital service, the arrangement being that a sum of £289 is paid by the Liverpool Regional Hospital Board to the Southport Corporation for the work done by these doctors).

(3) The Senior Hospital Medical Officer attached to the Tuberculosis Sanatorium at New Hall carries out the duties of the Local Health Authority in respect to tuberculosis, e.g., the examination of persons in contact with cases of the disease, visits to patients on district when necessary and B.C.G. vaccination when required. (This work is calculated to occupy 3/11ths of this doctor's work and the Southport Council pay to the Liverpool Regional Hospital Board that portion of his salary).

(4) The Local Health Authority's Health Visitors attend Hospital Clinics as follows:—

Name of Hospital Clinic							Approximate number of Attendances by Health Visitors per annum
(a)	Tuberculosis Patients' Clinics	...	...	...	...	...	100
(b)	Geriatric Clinic ...	...	...	...	...	...	50
(c)	Paediatric Clinic	...	...	...	...	...	50
(d)	V.D. Clinic ...	...	...	...	...	...	50
(e)	Post-Natal Clinic	...	...	...	...	...	50
							Attendances by Supervisor of Midwives
(f)	Ante-Natal Clinic	...	...	...	...	...	50
(This Clinic is a mixed hospital and local authority case clinic)							

(5) Occasional attendances are made by the duly authorised officers at the Psychiatric Out-Patients' Clinic and also in the mental hospital wards.

(b) General Practitioners

(1) Child Welfare Centres. Seven sessions are held weekly at these centres. Two are conducted by doctors who are on the Executive Council's list, one by a doctor particularly interested in children and their problems and the others by the whole-time medical staff of the department.

(2) Help is obtained from time to time from general practitioners when medical staff of the department are away owing to sickness and other causes.

COMMENTS—It is quite impossible to separate completely curative medicine from preventive medicine. To try to do so is a great mistake: there will, however, be room for a long time to come for both the Local Authority Medical Officer whose interests are predominantly in prevention as well as for the physician who is satisfied with the more tangible results of curative practice. The appointments recently of a number of professors of Social and Preventative Medicine to universities from the ranks of Medical Officers of Health points to the growing recognition of the importance of preventive medicine as a speciality and the appointment of local Medical Officers of Health to the Staff of local general hospitals in a consultant capacity has been mooted by some authorities in order that the preventive outlook should be fostered. It is, however, essential for the good of the community that the various parts of the service should be welded together as completely as possible and that interchange of information and technical staff be made easy to accomplish. The fact that the hospital service, the general practitioner service and the public health service are locally administered by separate authorities does not render this desirable and easy to obtain and this will remain so while differences in financial inducement exist between the three branches of the service. There is, however, a growing tendency to allow Local Health Authority staff to work partly in hospital and partly in close co-operation with general practitioners without the expectation of financial adjustment between the various administrations. It is my earnest belief that with proper supervision this enlightened policy will not only reflect credit on the Local Health Authorities pursuing it but will be to the lasting benefit of the communities so served.

It will be apparent that certain progress on these lines has been made in this town but much remains to be done, particularly in the making of arrangements for the Deputy and Assistant Medical Officers of Health, the Health Visitors and Midwives, to be available to help in certain ways in hospital out-patient departments, and in the combining of general practitioner work with that of the public health staff. It is here that the personal contact, which work in health centres would entail, would do much to further happy relationships between the various medical and ancillary personnel, but health centres as envisaged in the National Health Service Act, 1946, will not be a practical proposition in this town for some considerable time: it is possible, however, to put into practice some of the principles of the Health Centre. One outstanding feature of the present position is the opportunity which is open to the Medical Officer of Health to do much of the liaison work between the three main divisions of the Service.

4. Voluntary Organisations

Social Services provided by voluntary organisations are highly developed in Southport. The community benefits very much from this work and such efforts as the provision of meals on wheels for the elderly, infirm and chronically sick persons, the provision of a chiropody service and the organisation of Darby and Joan Clubs, to mention only a few, are greatly to be commended.

The following Voluntary Organisations provide services for the Local Health Authority:—

(a) Southport and Birkdale District Nursing Society provides the Home Nursing Service and certain sick room equipment.

(b) Southport Voluntary Infant Welfare Centre Committee provides helpers and clerical assistance at all the centres and controls most of the Welfare Foods Scheme.

(c) Southport Voluntary Tuberculosis Care Committee is responsible for the Local Health Authority's care and after-care service for patients suffering from tuberculosis.

(d) Southport Voluntary Moral Welfare Committee make the services of the Moral Welfare Worker available to the Local Health Authority by arrangement on payment of £100 per annum.

5. Care of Expectant and Nursing Mothers and Children under School Age

(a) Expectant and Nursing Mothers

Ante-Natal Care

(1) A Clinic is held each week at 44 Hoghton Street, adjoining the Health Department at 2 Church Street. This Clinic is attended by domiciliary cases and also by mothers who wish to have their confinement at the St. Katharine's Maternity Hospital. It is conducted by an obstetric consultant and is attended by the Matron of the St. Katharine's Hospital or her deputy and by the non-medical Supervisor of Midwives.

The Domiciliary Midwives attend in rotation to meet their own patients.

(2) Blood testing is carried out as a routine on all cases for each of the following:—

Kahn Reaction.
Haemoglobin Estimation.
Blood Grouping.
Rhesus Factor.

Cases booked with family doctors can attend this clinic in addition to obtaining ante-natal care from their own doctors, if sent by the family doctor. Some cases of this kind attend for blood testing only, the results being sent on to the patient's own doctor.

(3) Maternity outfits are supplied free of cost to all domiciliary cases by the municipal midwives, and other patients who are having their confinement in their own homes are also supplied with such outfits, without charge.

(4) None of the Local Health Authority staff help at Clinics held in general practitioners' own premises.

Ante-Natal Clinics

During the year, 42 domiciliary patients attended the clinic.

(5) **Unmarried Mothers.** Cases of this kind who seek the help of the department are referred to the Obstetric Specialist at the 44 Hoghton Street Ante-Natal Clinic: arrangements are then made for the confinement to take place either at the girl's own home or in one of the Maternity Hospitals. She is also advised to continue to attend either the Ante-Natal Clinic to which she is first referred or the appropriate hospital Ante-Natal Clinic. The mother is also seen by the Moral Welfare Worker so that arrangements for post-natal care may be made. The Moral Welfare Worker co-operates with the Superintendent Health Visitor so that the Health Visiting Staff can also keep in touch with the case. The Moral Welfare Worker informs the Department when residential ante-natal and/or post-natal care is required for an unmarried mother. In such cases the Local Health Authority will accept responsibility for the maintenance of the mother in one of the voluntary homes admitting this type of case: tentative arrangements are made in the first instance by the Moral Welfare Worker and the Health Authority usually accepts responsibility for a period of six weeks before and after the confinement: these periods may be extended at the discretion of the Medical Officer of Health. The amount paid by the Health Authority is the cost of maintenance less any payments which the mother is able to make towards her keep.

During the year, residential ante- and post-natal care was provided for 3 unmarried mothers and residential post-natal care was also arranged for a further 5 mothers.

(6) **Post-Natal Care.** A Clinic is held each week at 44 Hoghton Street and this is conducted by an obstetric consultant. A Health Visitor is also in attendance. During the year, 386 mothers made a total of 759 visits to this Clinic.

(b) Child Welfare

(1) Seven Child Welfare Sessions are held weekly in six areas of the town. Three of the buildings used were either built or adapted for the purpose; three are church halls. Three sessions are conducted by the Assistant Medical Officer, one by the Deputy Medical Officer and three by medical practitioners, two of whom give general medical services in the town. Two Health Visitors are in attendance at each session, while voluntary workers assist with the clerical work and the Welfare Foods Scheme. Infants are seen and weighed regularly during the first year of life and invitations to attend the centres are sent to parents at the time of the children's second, third and fourth birthdays. At the "birthday" medical examinations many factors, e.g., diphtheria immunisation, affecting the well-being of the child can be discussed with the parents. Cups of tea are available for the mothers.

These clinics are largely educational in function and the Health Visitors teach the mothers good principles of hygiene and mothercraft. A general supervision is maintained over the child's progress so that appropriate advice can be given when necessary. The giving of medical treatment at the centres is discouraged and few medicaments and these only of the simplest kind are supplied.

(2) No consultant paediatric clinics are held at the centres and in most cases where treatment is required, the case is either referred direct to the family general medical practitioner or sent to the consultant paediatric hospital clinic with the consent of the family doctor.

All the Health Visitors attend the Paediatric Out-Patient Clinic at the Southport Infirmary in rotation, one Health Visitor attending each week for a month. The names of the babies sent for to attend the consultant paediatric clinic each week are given by the Hospital Almoner to the Superintendent Health Visitor in time for the Health Visitor attending the paediatric clinic to take with her the department's records of the particular children concerned. The consultant paediatrician in this way is often supplied with a weight record of the baby and other details of value to him in any particular case. This arrangement helps to keep these Nurses well informed in all matters affecting baby management.

(3) None of the Local Health Authority's Staff help at clinics held in general practitioners own premises and so far as is known very few of the family doctors in Southport hold such clinics.

(4) Each year a Parentcraft Competition is organised by the Infant Welfare Centre Voluntary Committee and all mothers and fathers of children who attend the Centres may take part—a trophy is presented to the Centre obtaining the highest marks and the entries for the competition cover a wide range of activities, e.g., dressmaking, needlework, embroidery, rug making, wooden toys, etc. The Annual Exhibition of this work is a striking tribute to this aspect of the Welfare Clinic activities.

(5) At two of the Centres, Mothers' Clubs have been commenced and these are held during the winter months in the evenings; the activities are mainly of a social nature but instructional talks are also given by Health Visitors and Doctors; film shows are also arranged. At one Centre a Mothers' Choir has been a great success.

(6) Facilities for test feeds to be given by mothers breast feeding their infants exist at the Welfare Centres and family doctors sometimes request that such tests be carried out and a report be made to them in particular cases. Demonstrations of correct methods of bathing, handling and clothing of babies are part of the routine work.

(7) Clothing exchange is also often arranged.

(8) Facilities for preventive inoculation against whooping cough and diphtheria are available at the Welfare Centres. (*Vide Infra*).

(9) That fact that many mothers attend the Centres provides an opportunity for the importance of proper ante-natal care for women to be stressed and advice is often given in these matters.

Child Welfare Centres

During the year, 2,205 children made a total of 17,215 attendances at the Welfare Centres.

COMMENTS—It is important to carefully consider the value to the community of Child Welfare Centres at this time. It is held by some authorities that most of the work which these Centres set out to do has been done, e.g., the Infantile Mortality Rate has been reduced from 170 in 1871 to 29 in 1952 in Southport. It is variously suggested that the Hospital Service or the general practitioner service should take over this work or even that it should be dispensed with altogether. Three factors require special emphasis.

(1) These are "well baby" clinics and as such are not really the concern of the Hospital Service.

(2) They are essentially educational in purpose.

(3) They provide an excellent opportunity for propaganda in regard to vaccination, the prevention of accidents in the home, diphtheria immunisation, etc., and also enable children requiring medical treatment whose parents are unaware that anything is wrong to be referred to the family doctor.

It is the common experience of those familiar with the work of the Centres that a fair proportion of young mothers, even mothers of high intelligence, are woefully ignorant of the principles of practical baby management; indeed they are often fearful because of their ignorance and are very grateful for the practical help which can be obtained from the Welfare Centre. Mothers need the confidence which they gain from the knowledge that such trained supervision is available. These Centres are not very popular with all general medical practitioners, some of whom feel that such work is an infringement on the general practitioners' prerogative and that it is a bad thing for mothers to seek advice from both doctor and welfare clinic, becoming as a result confused. The fact is that much of the work of the Centres is complementary to general medical work and

as such is rarely dealt with in the ordinary course of medical practice. There is need for care to be taken by those in control of Welfare Centres to see that cases requiring treatment are in fact referred to their own medical practitioner. The ideal arrangement would be that the doctor in practice in the area should also be the welfare centre doctor but this is not a feasible solution in many towns.

A sub-committee of the Medical Advisory Board to the Southport and District Hospital Management Committee of which the Consultant Obstetrician, the Consultant Paediatrician, one General Practitioner not in obstetric practice, two General Practitioner Obstetricians, the Medical Officer of Health and his Deputy were members, recently discussed many matters affecting Child Welfare arrangements in the town. As a result, it was agreed to set up a committee under the general direction of the Consultant Obstetrician for the purpose of finding satisfactory solutions to common difficulties. In addition it was agreed that the Medical Officer of Health should explore the feasibility of the use of Local Authority Nursing Staff (Health Visitors and Midwives) in general practitioner clinics held in either Local Authority premises or practitioners' surgeries. These matters are at present being investigated.

(c) Care of Premature Infants

If it is considered necessary by the doctor in attendance, special cots, feeding bottles, thermometers and clothing are provided for premature infants born at home. Sometimes arrangements are made to move the baby into one of the two maternity hospitals if the doctor thinks this is advisable.

There is a close liaison with the maternity hospitals and the Health Department is notified before premature infants are discharged. This enables the Superintendent Health Visitor to make any necessary arrangements for the care of the child when it arrives home; special visits are made until the infant attains a normal weight and development.

(d) Supply of Dried Milks, etc.

Arrangements have been made with the Ministry of Food for all the Welfare Centres to distribute cod-liver oil, orange juice and dried milk under the Government's Welfare Foods Scheme.

In addition, the Southport Voluntary Infant Welfare Centre Committee buy proprietary brands of milk foods and sell these at wholesale prices to the mothers, provided they are regular attenders and that the particular food has been recommended by the doctor.

(e) Dental Care

No special sessions are held for young children, but they may attend the School Dental Clinic at any time for advice and treatment. The amount of work done is probably equivalent to one session each week; the total number of sessions each week for school children and maternity and child welfare cases is 21.

The Local Health Authority has an arrangement with a dental mechanic in the town for the supply of dentures when these are necessary and patients requiring x-ray examination may be referred to the appropriate clinic at the Southport Infirmary. There is need for improved equipment and lighting in the surgeries and these matters are under consideration at the moment.

Dental Clinic—During the year, 107 children made a total of 471 attendances at the Maternity and Child Welfare Dental Clinic.

(f) Day Nurseries

Two day nurseries with a total of 100 approved places are provided; both of these are recognised as training units for the nursery nurse qualification. There is a priority system of admission in operation.

Approximately two thirds of the parents whose children are admitted to the day nurseries live in rooms which are often overcrowded. In almost half of the families, the mother is the sole or main support.

One day nursery is held in Church premises which were originally requisitioned during the war. It is intended to house this nursery in a new building which it is hoped to commence in the 1953/54 financial year. The land for this nursery has already been purchased and the plans are approved.

The training scheme for the Nursery Nurses Diploma is administered in conjunction with the Education Committee and since the scheme commenced in September, 1949, 16 girls have successfully completed the two year course.

The following statement gives information regarding attendances, and staff, etc., at the Day Nurseries during 1952.

- (1) Number of places provided 100
- (2) Average daily attendance (Monday to Friday) 89
(Monday to Saturday) 78
- (3) Total Nursing Staff Establishment—ratio of 1 nurse to 5
places provided 20
(2 students count as 1 nurse for this purpose)
- (4) Priority Classification List for admissions:—
 - A. (1) Mother being sole support of the family—
 - 1. Widow.
 - 2. Unmarried.
 - 3. Separated.
 - 4. Divorced.
 - (2) 5. Children of Widowers.
 - B. Mothers being main support of the family—
 - 1. Father disabled.
 - 2. Father unemployed.
 - 3. Father only in part-time employment.
 - C. Mother and Father working but child admitted due to—
 - 1. Bad Housing Conditions.
 - 2. Father serving in H.M. Forces.
 - 3. Health of Child.
 - 4. High Rent.

Other kinds of cases may be admitted at the discretion of the Medical Officer of Health.

- (5) Kinds of employment of mothers and approximate percentages
in various categories:—

Factories and Laundries	...	...	...	30%
Shops	...	...	...	20%
Domestics	...	...	...	20%
Hospitals	...	...	...	10%
Cafes and Hotels	...	...	...	10%
Schools and Offices	...	...	...	10%
- (6) Charges:—

		Full Day	Half Day
(a) Minimum	...	1/6d.	1/-
(b) Maximum	...	6/3d.	3/3d.

The Chairman or Vice-Chairman, however, have authority to reduce or cancel an assessed fee in any particular case.

These charges are to be reviewed by the Health Committee in April of this year.

COMMENTS—The Day Nurseries began as a war-time measure to release women for essential industrial work. It is sensible to consider what the function of the Day Nursery is in peace-time. It is evident that the best place for the young child is with the mother provided that certain basal requirements are met, viz., adequate food and clothing, shelter in a home which is at least clean and not overcrowded, as well as a mother able and willing to give the necessary care to the child. These requirements are not met in many homes and it is in such circumstances that the Day Nursery fills a definite community need. Many poorly nourished weakly children improve very greatly after some months in such care; they seem to very much enjoy themselves in the Nurseries and have mother love lavished on them when the time comes to go home. Nevertheless, Day Nursery accommodation should be limited in peace-time to sufficient places for children from priority homes: in Southport the two establishments meet this need.

6. Domiciliary Midwifery

The staff consists of a non-medical supervisor and two district midwives. The supervisor acts as relief when either of the domiciliary midwives are on annual leave or are ill.

The Council's proposals in regard to staff in 1948 were three full-time domiciliary midwives, four part-time district midwives (equivalent to two full-time) and a supervisor. It has, however, always been the policy in this town to encourage as many mothers as possible to be confined in hospital; the number of beds available is sufficient to allow the majority of mothers to have their babies in hospital and be attended either by the consultant obstetrician, by a general practitioner obstetrician or by their own family doctor.

Southport is fortunate in this respect and this, coupled with the falling birth rate, has made it unnecessary to appoint midwifery personnel to the full number on the Local Health Authority Establishment.

The general medical supervision of the domiciliary midwifery staff is undertaken by the Medical Officer of Health while the non-medical supervisor deals with all day-to-day administration including control of work, allocation of duties, etc. All the staff are qualified to administer gas and air analgesia and they possess the apparatus.

As a general rule, the domiciliary midwives visit their cases once every two weeks from the date of the booking to the date of the confinement. Visits are often made weekly during the last month. This applies both to mothers who have not booked a doctor and also to those mothers who have engaged the services of their own doctor or a general practitioner obstetrician and who have requested the help of the domiciliary midwife to act as a maternity nurse. The number of visits in each individual case is, of course, varied to suit the needs of the particular patient concerned.

Co-operation with general practitioners undertaking maternity medical services has been dealt with in (2) as well as in this section.

In general, no particular difficulties are experienced regarding the selection of women for admission to hospital as the total number of beds provided (43) seems to be adequate to meet any normal demand. In any event, the Local Health Authority co-operates with the hospital booking staff to ensure that the arrangements suggested in Local Health Authority Circular 1/51 are observed when a selection has to be made.

The Central Maternity Hospital booking clinic is held in premises belonging to the Local Health Authority and the sessions are attended by the Supervisor of Midwives. Cases can also "book-in" directly at either Maternity Hospital.

No arrangements exist for training pupil midwives.

The domiciliary midwives employed by the Local Health Authority, including the Supervisor, attend recognised refresher courses and the Supervisor is also in touch with all midwives in the town.

The names of mothers discharged from the Maternity Hospitals before the fourteenth day are referred to the Health Department so that arrangements can be made for the domiciliary midwives to visit. After the fourteenth day, the Health Visiting staff carry out any necessary visits.

During the year, the municipal midwives dealt with a total of 71 confinements on the district. They also made a total of 2,848 visits to expectant and nursing mothers. In addition, the midwives made 81 attendances at the 44 Houghton Street Ante-Natal Clinic. The Supervisor also made 86 visits of inspection to private midwives and nursing homes.

7. Health Visiting

The present staff consists of a Superintendent Health Visitor, who also supervises the school nursing work, 2 School Nurses, 1 Tuberculosis Health Visitor, 1 Health Visitor for Elderly People and 11 Health Visitors/School Nurses, making a total of 16. The appropriate allocation of salaries to Local Health Authority work is 9½ Nurses, leaving 6½ Nurses chargeable to the School Health Service.

Each of the 11 Health Visitors is responsible for a district and based on the estimated figures for the year 1951, the average case load of the 0 to 15 years age group is 1,243. The original estimate of the case load mentioned in the approved proposals for this same age group was 1,083.

One of the Health Visitors is employed for the greater part of her time in the visiting of old people, though she carries out as well, some duties in relation to mothers and young children. In addition to her home visits she attends the weekly geriatric out-patient clinic at the Promenade Hospital.

The work of the Tuberculosis Visitor is dealt with in paragraph 11.

Other work which falls to the lot of the Health Visitor is that dealing with the non-medical after-care of patients discharged from hospital, the arranging of home help of a domestic nature and similar duties.

There is good linkage of the hospital work with that of the Health Visitors but linkage with the general practitioner service is not yet well developed and much work requires to be done to strengthen the bonds between these parts of the Health Service. Co-operation with the local hospitals has been referred to in paragraph 2.

No arrangements are in force to enable suitable officers to obtain their Health Visitor's Certificate and no facilities exist for students in Southport.

Two Health Visitors attend a recognised refresher course each year; this means that each nurse attends one of these courses at intervals of approximately 5 years.

The Health Visitors use bicycles or public transport to carry out their visits.

The following statement shows the work done by the Health Visitors during 1952:—

Home Visits						No. of Visits
(a)	Expectant Mothers	...	...	...	...	1,367
(b)	Children under 1 year	...	...	...	...	7,648
(c)	Children aged 1 to 5 years	...	...	...	...	9,378
(d)	Other Cases	...	...	...	...	2,063
Total number of Visits						20,456
Sessions at Clinics and Centres						No. of Sessions
(a)	Welfare Centres	...	...	...	...	671
(b)	Geriatric Clinics	...	...	...	...	30
(c)	Paediatric Clinic	...	...	...	...	43
(d)	Post-Natal Clinic	...	...	...	...	48
(e)	V.D. Clinic	...	...	...	...	18
Total number of Sessions						810

COMMENTS—There is much lack of knowledge amongst doctors in consultant and general practice as well as amongst lay people, and consequent lack of appreciation, of the Health Visitor's work. This arises from many factors but one of the greatest is that the Hospital Service, the General Practitioner Service, and the Public Health Service have been allowed to develop separately and this isolation has to some extent been encouraged by recent legislation. Many doctors do not know that the Health Visitor must be a State Registered Nurse, having in addition at least the 1st Part of the Central Midwives' Board Examination as well as the Health Visitors' Certificate of the Royal Sanitary Institute. The training, therefore, of these special nurses is an extensive one. Much of their work lies in the undramatic sphere of preventive medicine, such triumphs as the successful completion of a course of diphtheria immunisation after many visits to a defaulting or hesitating parent, visits which may have been disagreeable to carry out, do not command the gratitude and recognition which the nursing of a sick child frequently engenders. Nevertheless, there is often affection and respect for the conscientious Health Visitor, even from the problem families in her district. Her work, which is so much more difficult and which demands so much more than ordinary nursing, deserves much more recognition and appreciation especially from medical practitioners. As some of the work of the Health Visitor is also the concern of the General Practitioner, it is essential that every effort be made to encourage co-operation. This is not so easy to accomplish as it is between the General Practitioner and the Home Nurse or Maternity Nurse, largely owing to the lack of personal contact. The establishment of Health Centres on the suggested pattern would encourage such co-operation but these will not be available for a very long time. In the meantime, however, much could be accomplished by maintaining a high standard in Health Visiting work and by showing the greatest willingness to co-operate with medical practitioners in general and hospital practice. It is especially important that the confidence of General Practitioners should be gained so that they would be prepared, as some do now, to encourage mothers to make use of the Health Visiting Services administered by the Local Health Authority. Such confidence will only be gained when there is full knowledge of these services by all concerned and when the doctors in the area are satisfied that cases requiring treatment will be referred to them. The duties of a Health Visitor are well epitomised in a Report issued recently by the Women's Public Health Officers' Association, extracts from which are contained in an appendix to this Report.

In Southport, the care of the elderly is an increasing and grave problem. The proportion of elderly people in this town is very high (1 in 6 over 65 years) partly owing to the fact that many people come here to retire attracted by the pure air of the seaside and the flatness which is especially suitable for people with heart trouble.

The available hospital accommodation for chronic and elderly sick people is inadequate to meet the need though much has been done to make the best use of the available facilities. There is a developing geriatric hospital service but it is handicapped by lack of finance and the result is that many pitiable cases urgently requiring hospital accommodation cannot be admitted and it is necessary to maintain a waiting list on which the most urgent cases are given priority. Cases are only placed on the waiting list at the request of a medical practitioner who gives medical details. As soon as possible after the hospital receives the application, the case is visited by the Health Visitor attached to the Geriatric Service and she provides for the hospital medical officers certain information as regards the social conditions under which the patient is living. The hospital staff can then assess from both the medical and social aspects, the degree of urgency for admission. The Health Visitor also arranges for any necessary home help, "meals on wheels," etc., during the waiting period and may assist in informing relatives of the position. Again, many elderly, infirm persons are reported to the Health Department by many different agencies and in such instances the Health Visitor makes the necessary arrangements to obtain medical or other assistance. It not infrequently happens that such old people are found not to be on a doctor's list and to be in an undernourished state.

The Health Visitor arranges for elderly patients on discharge from hospital to have after-care which may include such matters as arranging for attendance at one of the Darby and Joan Clubs or for visits from one of the visitors of the Old People's Welfare Voluntary Committee: admission to one of the Statutory or Voluntary Welfare Homes is also a task which the Health Visitor has to undertake. The above serves briefly to illustrate some of the functions of a Health Visitor under the National Health Service Act, 1946, provisions. The Health Visiting Staff is working to capacity at present and it is unlikely that developments of the kind referred to in this Report can be implemented without consideration being given to increasing the establishment of Health Visitors. Such an increase, however, is not at the moment contemplated.

8. Home Nursing

(1) The Home Nursing Service for the Borough is provided by the Southport and Birkdale District Nursing Society on behalf of the Local Health Authority. The day-to-day administration is carried out by a Sub-Committee consisting of members of the Voluntary Society and the Matron. The advice of the Medical Officer of Health is always available to the Matron and there is close co-operation, particularly in regard to the appointment of nursing staff; monthly reports of the work done and staff available are sent to the Medical Officer of Health by the Matron.

(2) The Local Health Authority is responsible for the reimbursement of all expenditure incurred by the Society in providing the service. The general direction is controlled by a Joint Sub-Committee, five members being appointed by the Society, and five Members by the Local Health Authority. The Joint Sub-Committee meets at regular intervals to receive reports of the work done and to approve the refund of expenditure to the Society.

(3) The Nursing Establishment consists of 1 Superintendent, 1 Assistant Superintendent and 13 District Nurses; 9 Nurses, including the Superintendent and her Assistant are resident in the District Nurses Home, while the remaining 6 are non-resident. Three motor cars are available, one being allocated to the Superintendent and her Assistant, the other two being used by the District Nurses. The remaining Nurses use bicycles and public transport.

(4) Requests for nursing assistance are made direct to the Superintendent of the Home Nursing Service at the Nurses' Home or to the Superintendent Health Visitor at the Health Department.

(5) No arrangements exist to provide a night service but urgent calls out of ordinary working hours are attended to. No male Nurses are employed.

(6) Two District Nurses attend refresher courses each year; this means that each full-time Nurse attends one of these courses approximately every five or six years.

The following statement shows the work done by the District Nurses during 1952:—

						No. of Patients	No. of Visits
1.	Medical	...	...	...	...	1,631	32,649
2.	Surgical	...	...	...	...	303	8,028
3.	Tuberculosis	...	...	...	...	25	793
4.	Infectious Diseases	...	...	...	...	32	223
5.	School Children	...	...	...	...	85	388
6.	Children under 5 years	...	...	...	...	105	1,351
7.	Nursing Mothers	...	...	...	...	8	153
Totals						2,189	43,585

COMMENTS—The need to retain elderly sick people at home owing to the lack of hospital accommodation and the increasing use of the antibiotics by injection which entails frequent visits by the nurse, puts considerable strain on the Home Nursing facilities. This is particularly so during the winter months. Members of the public express much satisfaction with this service, which in Southport runs smoothly and well.

9. Vaccination and Immunisation

(a) Diphtheria Immunisation

When a baby has attained the age of 8 months, a letter is sent to the mother strongly advising her to arrange for the immunisation of her child. In addition, the Health Visitors are required to visit all mothers whose babies have not been immunised and to make every effort to ensure that the infant is protected against this disease. Posters and leaflets are displayed at Welfare Centres and all children admitted to the Day Nurseries must be immunised. Special attempts are also made to immunise all children admitted to the Homes administered by the Children's Committee.

Follow-up letters are sent at the appropriate times, stressing the need for "re-inforcing" injections to maintain immunity throughout school life. Particulars are obtained from the schools each year showing the names of children not immunised and the School Nurses visit the mothers of such children with a view to persuading them to accept immunisation.

In addition to the work done by the General Medical Practitioners, regular immunisation sessions are held at the Health Department and children are also protected in this way at the Welfare Centres.

During 1952, 769 children received a complete course of primary immunisation and 609 children received reinforcing injections. At the end of the year, 83% of the children in the 0 to 14 age group had been immunised.

(b) Smallpox Vaccination

During the course of their normal visits, the Health Visitors are required to stress the importance of smallpox vaccination when the baby has attained the age of 3 months. Similar advice is also given at the appropriate times to any mothers attending the Welfare Centres; information leaflets are distributed at the Centres and also during the course of home visits.

During 1952, 317 persons were vaccinated and 280 were re-vaccinated.

(c) Whooping Cough Immunisation

At present, whooping cough immunisation is carried out at the Welfare Centres and at the diphtheria immunisation clinic at the Health Department only at the specific request of the child's parents. No official action has been taken to promote whooping cough immunisation in the same way as has been done in the case of diphtheria. The combined diphtheria and whooping cough immunisation material is not used.

At the end of the year, a total of 135 children had been notified to the department as having been vaccinated against whooping cough.

COMMENTS—(a) Diphtheria Immunisation. The arrangements appear to be adequate and satisfactory. The need to maintain a high immunity level amongst the child population even in the absence of cases of diphtheria, requires to be stressed.

(b) Smallpox Vaccination. Since smallpox vaccination is no longer compulsory, the numbers of children vaccinated has fallen to a low level. The risk of smallpox being introduced into this country from abroad is still considerable owing to the danger of cases arriving by air while still in the incubation stage of the disease. Measures to combat the spread of such infection are now highly developed but it would still seem wise to offer vaccination and to strongly recommend that it be done in babies under the age of 6 months. Efforts are required in the town to obtain the consent of more parents to this means of protection against a disease which still carries a high fatality rate. Consideration will have to be given to the establishment of clinic facilities for vaccination, unless other satisfactory means of obtaining a higher percentage of vaccination amongst infants can be found.

(c) **Whooping Cough Immunisation.** The results of the Medical Research Trials in this type of immunisation are sufficiently encouraging for the Health Committee to consider whether special efforts should be made to promote this type of protection. A scheme is in course of preparation and will shortly be submitted to the Committee. Certain recent advances in the manufacture and preparation of combined diphtheria and whooping cough immunising material may render such combined methods more practicable and safe than at present and this would be a great advantage; further information in regard to such material is awaited.

10. Ambulance Service

(1) **Administration.** The Ambulance Service is combined with the Fire Service in the Borough. General Administration is carried out by a Fire and Ambulance Services Committee to which are delegated the responsibilities of the Health Committee so far as the provision of ambulance transport is concerned. In matters of policy, reference may be made to the Health Committee; monthly reports in respect of the Ambulance Service are submitted to that Committee.

(2) **Staff.** (a) All personnel are enlisted in the Fire Service whether they take part in ambulance duties or not. All personnel can be called upon to do ambulance duty.

(b) The Chief Fire Officer is also the Chief Ambulance Officer and is responsible for the day-to-day organisation of the Ambulance Service. Reference is made in difficulty to the Medical Officer of Health.

(c) The Deputy Chief Fire Officer acts as the Deputy Chief Ambulance Officer.

(d) The Fire Brigade have 16 extra men to cover the Ambulance Service commitments.

(3) **Vehicles.** The maximum authorised establishment is 6 ambulances and 2 sitting-case cars; the actual number of vehicles available at present is 5 ambulances and 2 sitting-case cars. If the work continues to increase, it may be necessary to increase the authorised establishment mentioned above.

The following statement shows the work done during the four-year period, 1949 to 1952, inclusive:—

				1949	1950	1951	1952
Total number of cases	...	...	...	10,443	14,404	18,863	23,499
Other work	...	...	...	375	608	652	612
Grand Total	...	...	...	10,818	15,012	19,515	24,111
*Mileage	...	...	...	82,602	95,816	111,073	122,395
*Analysis of Mileage:—							
(a) Inside Borough	...	...	...	41,782	53,848	62,321	71,374
(b) Outside Borough	...	...	...	40,820	41,968	48,752	51,021
Total	...	...	...	82,602	95,816	111,073	122,395

These statistics illustrate the steadily increasing demands on the Service. Since 1949, mileage has increased from 82,602 to 122,395 per annum and this is so despite the strictest scrutiny of the Service. Much of the increase is due to the increased hospital work, in particular the greater volume of out-patient transport consequent on certain hospital developments which have taken place.

Requests for ambulance transport from hospitals are directed through the almoner's office and written certification is required in respect of all out-patient journeys. For the sake of convenience weekly certification sheets are accepted. Requests for ambulance transport from general medical practitioners are accepted by telephone and written certification is not insisted upon though the right is reserved to require written certification in unusual cases. Members of the public may call an ambulance in accident cases.

COMMENTS—The most important fact is the steadily increasing demand for ambulance transport and the difficulty which is being encountered in coping with the work. Great care has been taken to eliminate unnecessary delay of vehicles at hospitals and patients houses but the load is now the maximum which can be dealt with by the present vehicles and staff.

Meetings have taken place between the Ambulance Authority and the Hospital Authority with the object of avoiding delay at hospitals and of ensuring a quick “turn-round” of vehicles. This matter is under consideration at present and it is hoped that better reception and discharge facilities at local hospitals will be developed in due course and the necessity for ambulance men to take patients to and from hospital wards will diminish.

Some abuse of the Service takes place though this is probably not great in proportion to the amount of work done.

Investigation is undertaken through the Health Department of any cases in which abuse of the Service is suspected. It is, however, not common to find that wilful abuse is taking place; in one recent case investigated, the person concerned was able to go home by public transport after out-patient physiotherapeutic treatment in hospital, but probably would not have been able to travel in this way without treatment; in another case instructions given by a surgeon for graduated walking exercises were interpreted as indicating that ambulance transport was unnecessary. While ambulances are available for sitting case transport, there will be a proportion of cases in which there is an element of doubt as to whether travel by ambulance is essential. Under the present conditions, the proper use of the ambulances depends almost entirely on the conscientious ordering of such transport by the doctor concerned. The great majority of out-patients using this means of getting to and from hospital are unable to travel by ordinary public transport.

In Southport, it not infrequently happens that a patient will be sent to one of the Liverpool Hospitals for consultant advice and treatment. Such a patient, e.g., in plaster, may have to be taken to and from the Liverpool Hospital on a number of occasions, perhaps only to have the plaster inspected, thus utilising a vehicle for a number of hours when facilities for similar supervision exist in the Borough. The principle of “free choice of doctor” which is considered to be of first importance to the patient renders a number of such journeys unavoidable.

Some measure of success has been obtained in the economical use of ambulances by the use of radio control which is available on three vehicles. The use of a “sitting-case” ambulance able to carry up to nine sitting cases has also helped in this way.

Rail transport is arranged whenever possible when long distances are involved.

11. Prevention of Illness, Care and After-Care

(A) Tuberculosis

(a) The arrangement with the Liverpool Regional Hospital Board whereby the Senior Hospital Medical Officer to New Hall Sanatorium is responsible to the Medical Officer of Health for the district tuberculosis service, “contact” clinics and B.C.G. vaccination of contacts has been mentioned in paragraph 2. The Tuberculosis Health Visitor and one of the District Health Visitors attend the patients diagnostic and out-patient clinics at the Southport Infirmary. These arrangements work well and provide for excellent co-operation between the medical and nursing staffs employed by the Local Health Authority and the Hospital Authority. The Tuberculosis Health Visitor gains in the following ways:—

(i) She has the opportunity of seeing all new patients at the clinics and of obtaining information as to their medical and social circumstances. This ensures that any advice she gives is in accordance with the instructions of the medical staff.

(ii) She is kept up to date as regards the progress of patients who attend for review and when visiting later can often alleviate mental as well as physical distress due to lack of adequate facilities in the home, e.g., by the supply of sick room equipment.

(iii) The attendance of the Tuberculosis Visitors at the clinics also enables close touch to be kept with the "contacts" of the patient, so that help may be given in their special difficulties, e.g., care of young children during B.C.G. vaccination.

(b) Statistical information compiled at the local Hospital chest clinic is readily available to the Health Department and there is good co-operation generally in regard to records, returns, etc.

(c) The Care and After-Care Service is provided by the Local Health Authority with assistance from the Local Voluntary Tuberculosis Care Committee.

(d) The membership of the Voluntary Tuberculosis Care Committee is made up of persons interested in the care of such cases and includes the Chairman of the Health Committee, the Consultant Chest Physician, the Senior Medical Officer to New Hall Sanatorium, the Medical Officer of Health and his Deputy, the Tuberculosis Health Visitors, and the Hospital Almoner as well as lay persons willing to give time to this type of work. The headquarters of this Committee are at the Health Department and financial and other help, e.g., clothing, bedding, occupational therapy material, etc., are provided on the recommendation of the medical or nursing members; there is close co-operation with the local officers of the Ministry of National Insurance, the Assistance Board and other voluntary organisations.

(e) Six Open-Air Chalets, equipped with gas lighting, are provided by the Local Health Authority for use in the gardens of patients' houses.

(f) Special cases are referred to the Housing Department and 10 extra points on the housing scheme are granted if any member of the family concerned is suffering from infectious tuberculosis.

(g) Free supplies of milk and cod liver oil and malt are made to selected patients by the Local Health Authority on the advice of the medical officer dealing with tuberculosis cases.

The following statement shows the work done by the Tuberculosis Health Visitors during 1952 in regard to patients and contacts.

	Patients	Contacts	Total
1. Number of Clinic Sessions attended by Health Visitors	106	90	196
2. Number of Home Visits made by Health Visitors	1,504	1,278	2,782

COMMENTS—The duties of the Local Health Authority with regard to the prevention, care, and after-care of tuberculosis, cannot be adequately carried out now that the Local Health Authority has no direct control of hospitals without the closest possible administrative and personal links between all parties concerned. At present in Southport the arrangements work well but the administrative links are the minimal required to ensure an efficient service.

One particular problem associated with the loss of Local Health Authority control of hospitals for tuberculosis is that of the chronic, infective and often difficult to manage case for which isolation is advisable to protect the community from infection but for whom little can be done in the way of treatment. Hospitals are now reluctant to admit this type of case, yet the Medical Officer of Health must, when faced, for example, with such a case in a common lodging house or similar circumstances, deal with the problem of isolation.

(B) Illness (other than Tuberculosis)

(1) The Health Visiting arrangements in regard to elderly persons and people who are ill have been mentioned in paragraph 7.

(2) Sick room equipment is available for patients who are being nursed at home and a small weekly charge is usually made.

(3) A sick room helpers' service is also provided for a limited number of patients who require someone to be responsible for general care and attention during the night to relieve relatives or friends or more frequently in cases where there is no other available person to help. A charge based on the income of the patient is made for this service, the maximum being 2/- per hour. In addition, all the Services of the Department are available for any patient or family who may be referred for help by hospital staff, general practitioners, voluntary organisations or government bodies.

During 1952, 285 patients were provided with items of sick room equipment, e.g., air rings, bed pans, rubber sheets, mattresses, blankets, etc.

Sick room help was provided for 21 patients, the total number of hours worked by the Helps being 2,237.

COMMENTS—The sick room helper scheme has proved to be of considerable value but because the demand is inconstant, it is not an easy service to administer; also, there are not many persons prepared to go, often at short notice, to stay with a sick person overnight. The cases are usually elderly people in straitened circumstances living often in single rooms without adequate lighting, heating, food and cleanliness. In Southport, owing to the ageing population, steps may have to be taken to increase this service at least until such time as an adequate number of hospital beds is available.

No steps have been taken by the Local Health Authority to provide convalescent accommodation for cases unable to secure it under the Hospital Service. There is a small but definite need for such provision and consideration may have to be given to this matter in the future.

12. Domestic Help

Some 20 women are employed part-time in the domestic help service; no full-time employees are engaged at present. Help is only supplied to cases where there is a medical reason for such assistance.

Approximately 60% of the total number of persons who are supplied with help of this kind during the year are elderly people; 11% are maternity cases and the remaining 29% are cases of general illness.

The full charge for the service is 2/9d. per hour, but the actual fees for any particular patients are based on their income and expenditure.

No outdoor uniform is provided for the domestic workers but they are supplied with overalls after they have been employed for 300 hours.

Approximately 25 to 30 three-hourly sessions are provided on any one day. Help is not provided on Sunday. No facilities exist for special training.

The following statement shows the number of persons helped during the year:—

						Number provided with help	Total hours worked
(a)	Maternity	...	...	...	...	31	1,126
(b)	Sickness	...	...	...	...	89	5,562
(c)	Old Age	...	...	...	...	152	13,704
	Totals	...	...	...	...	272	20,392

COMMENTS—The steadily increasing burdens of infirmity and old age amongst our population renders a service of this kind essential to the community. Such help should be used to relieve trained nursing staff wherever possible of purely domestic duties. At times the Home Nurses have felt unable to leave a patient without preparing a simple meal simply because no relative or friend was available to help.

Members of the public frequently express gratitude that this service is available.

One of the problems engendered by the necessity of nursing old people in their homes is the difficulty in obtaining laundering of soiled bedding. There is a need for special provision to be made in regard to this matter.

Consideration may also have to be given to simple training for the domestic helpers and sick room attendants in sick room hygiene.

13. Health Education

This difficult matter is gradually assuming more importance and is bound to do so as greater emphasis is laid on the preventive aspects of disease. Even in regard to cancer, many surgeons and physicians are advising that the public should be given limited knowledge of the disease so that early diagnosis of cases can be made. In cancer the later the diagnosis the worse, as a rule, is the chance of cure.

General health propaganda material such as posters and leaflets of various kinds are always on display in the various welfare centres and clinics. In the main, such publicity material is obtained from the Central Council for Health Education.

The Superintendent Health Visitor is the Department's representative on the Local Home Safety Committee and the Health Visitors give talks to the mothers attending the Centres, stressing the importance of the steps to be taken to prevent accidents.

The work done in regard to Mothers' Clubs has been mentioned earlier in this Report.

Courses of instruction in Public and Personal Hygiene have been organised by the Local Health Authority in conjunction with the St. John Ambulance Association and are held twice yearly in the Technical College. Up to date, 442 persons have attended these courses which are primarily intended for food-handlers and which are aimed at the maintenance of a higher standard of hygiene and the prevention of food borne infections.

COMMENTS—Much avoidable disease and pain is due to ignorance and apathy. There is need for careful instruction in the principles of hygiene and health and this should be fostered in the Schools. One of the Health Visitors does at present teach mothercraft in the Secondary Modern Schools.

In their personal contacts with families Health Department staff have a great opportunity in regard to this matter and Health Education must not be allowed to lapse into the background because of financial stress and the difficulty of obtaining tangible statistical results. The virtual abolition of diphtheria has indicated how propaganda and prevention can be blended to produce a highly satisfactory result.

14. Mental Health

(A) Administration

(a) Committee responsible—Mental Health Sub-Committee comprising 9 members of the Council (2 of whom are doctors) and a co-opted General Medical Practitioner who is also a member of the Southport Hospital Management Committee and the Local Executive Council.

(b) The Staff available consists of the following:—

(1) The Medical administration is undertaken by the Deputy Medical Officer of Health (under the general guidance of the Medical Officer of Health) and at present 30% (*vide infra*) of his time is allocated for this purpose. His qualifications are M.B., B.S., D.P.H.

(2) Psychiatric Social Worker—None—No establishment.

(3) Duly Authorised Officers:—

(i) One part-time Senior, who also acts as the Senior Welfare Officer to the Welfare Committee. Qualifications—Relieving Officer's Certificate.

(ii) One male Duly Authorised Officer. Qualifications—State Registered Nurse and the Certificate of the Royal Medico-Psychological Association.

(iii) One female Duly Authorised Officer. Qualifications—State Registered Nurse and the Certificate of the Royal Medico-Psychological Association.

All the Duly Authorised Officers also act as Mental Health Visitors.

(iv) One female Home Teacher for the Mental Defectives. Qualifications—Diploma of the National Association of Mental Health.

This teacher conducts three group teaching sessions each week in premises at 44 Hoghton Street as well as visiting the homes of the defectives.

(c) There is no joint use of officers employed by the Liverpool Regional Hospital Board or the Local Hospital Management Committee.

Patients discharged from Mental Hospitals are notified to the Department for after-care. Visits are made where necessary by the Duly Authorised Officers in their capacity of Mental Health Visitors. Similarly, periodic reports are prepared by the Duly Authorised Officers regarding certified mental defectives who are on licence from Mental Deficiency Hospitals. Home reports are also prepared when requested by hospitals before the discharge of patients.

(d) No duties have been delegated to Voluntary Associations.

(e) No special arrangements have been made for the training of Staff. All the Duly Authorised Officers, however, have attended a course in Mental Deficiency which was held some time ago in Calderstones Hospital.

(B) Account of work undertaken in the Community

(a) and (b) No special arrangements have been developed in regard to the prevention of mental illness. Patients discharged from hospital, however, are visited by the Mental Health Visitors, and they are informed that they may come to the Department at any time for help and advice.

In addition, regular visits are made to mental defectives including those who are on licence from institutions.

(c)(i) Children dealt with by the Education Committee under Section 57(3) and 57(5) of the Education Act, 1944, are referred to the Mental Health Service. A medical examination is arranged to enable a decision to be made as to the kind of supervision, training, or accommodation required. The facts are then reported to the Mental Health Service Sub-Committee so that the necessary action can be taken. Children placed under supervision are visited by the Duly Authorised Officers.

(ii) There are no patients under statutory guardianship in the Southport Borough.

(iii) Approximately 20 mentally defective persons are receiving training from the Home Teacher. Two thirds of these attend the group sessions three times each week and they also receive a limited number of home visits. The remaining one third are visited regularly by the Home Teacher. A monthly social is held for all the Mental Defectives and a party is also provided at Christmas. The training is chiefly in occupational therapy work.

The following statement shows the work done during 1952:—

Mental Illness—

(a) Total number of patients removed to hospital, including certified, voluntary, temporary and observation cases	...	...	...	...	...	...	...	138
(b) Total number of home visits to patients—including after-care visits	...	...	...	...	...	...	...	685

Mental Deficiency—

(a) Number of cases notified	...	...	...	...	6
(b) Total number of home visits made by Mental Health Visitors	...	...	...	...	213
(c) Number of defectives receiving training from Home Teacher:—					
(i) At home and at group sessions	...	...	...	...	15
(ii) At home only	...	...	...	...	4
					—
	Total	...	...	...	19
					—
(d) Total number of home visits made by Home Teacher	1,034				
(e) Number of group training sessions	...	...	...	...	90

COMMENTS—**Mentally-ill Persons.** The administrative arrangements in regard to the admission of certified patients to mental hospitals appear to be generally satisfactory though great difficulty is at times encountered in the actual finding of a bed vacancy. In this area this difficulty is connected with the fact that there is insufficient hospital accommodation available for the senile dementia cases which do not really require certification; as a result, in order to obtain admission to hospital, many such cases are certified and go to mental hospitals thus filling beds to the exclusion of the more acute, treatable cases of mental illness. This difficulty is a very real one carrying a heavy responsibility when cases with perhaps suicidal tendencies cannot be immediately admitted to hospital.

In Southport where the Welfare Services are not administered by the Health Committee, the fact that the Senior Welfare Officer also acts as the Senior Duly Authorised Officer has certain advantages, since, in quite a large number of instances there is doubt at first as to whether the case is one which should properly be dealt with by the Welfare Service or by the Public Health Service. An appointment of this kind provides useful liaison. It has, however, some disadvantages, one in particular, in that the Duly Authorised Officers are housed in different offices from the Senior Duly Authorised Officer and, therefore, day to day supervision of the work is not easy.

There is room for improvement in the liaison between the hospital out-patient work and the Local Health Authority Service, and it is intended to pursue this matter in the near future.

In connection with After-Care arrangements, the utmost discretion is required. Not only is the patient often unwilling to be reminded of his mental illness but the natural person to whom he turns on his return home is his family doctor; it is necessary, therefore, that the advice received from the Local Health Service staff should not interfere with the work of the family doctor but should be complementary to it, e.g., in providing assistance to discharged patients by arranging for financial help, or in the finding of suitable employment. There is at present a need for the development of such work and it is of first importance that the confidence of the general medical practitioners should be gained; this will not be done if the Local Health Authority interferes in any way in the intimate relationship between the family doctor and his patient. Nevertheless, there appears to be a definite place for the tactful Mental Health Visitor who is aware of the limitations of his or her field of work.

No local facilities for Child Guidance Work exist. There is a considerable need for such work which would entail the employment of a psychiatrist part-time, whose services might be supplied by the Liverpool Regional Hospital Board and of a full-time psychiatric social worker.

At present there is on the medical establishment of the Health Department a position for a doctor in medical charge of the Mental Health Work. This appointment is a half-time one and has proved impossible to fill satisfactorily at the salary which could be offered. It has been ascertained that the Liverpool Regional Hospital Board would not consider a joint appointment of any kind in regard to this post and therefore, the only way in which it is possible to adequately cover the Mental Health Work is for it to be divided between the Medical Officer of Health and the Deputy Medical Officer of Health. It will be necessary for the Deputy Medical Officer to give some 30% of his time to this work in the future and this will necessitate a re-organisation of duties and the employment of medical practitioners on a sessional basis in School and Maternity and Child Welfare Work in order to free the Deputy Medical Officer from some of his present duties and allow him to cover the Mental Health Work. It is intended, in addition, that the post of Medical Officer i/c Mental Health Work should be removed from the Staff Establishment.

In regard to Mental Deficiency, the administrative arrangements appear to be satisfactory, though here again there is the greatest difficulty in obtaining vacancies for the worst cases to be accommodated in Mental Deficiency Hospitals. Patients often wait years before admission is possible. The policy of taking cases into hospital for short periods to relieve parents has been of considerable value and works well.

It would be a help if an occasional clinic could be held in the town by a consultant in Mental Deficiency to which cases in which there is doubt as to whether or not they can be dealt with under the Mental Deficiency Acts could be seen. It is understood that such a clinic may possibly be arranged by the Liverpool Regional Hospital Board in the fairly near future.

Much development has taken place in regard to the training provision for Mental Defectives during the past 3 years and consideration will have to be given in the near future to the establishment of an occupational training centre for Mental Defectives. Such a development would be the natural outcome of the present training arrangements, which though limited, have proved to be of great value. Much remains to be done in regard to the ascertainment of the cases in Southport, but this work has been delayed owing to the fact that a Medical Officer has not been available for this duty.

G. N. M. Wishart,

February, 1953

Medical Officer of Health.

Appendix

The function of the Health Visitor is to be primarily a health teacher and family adviser. She is also the interpreter to the family, of social services available according to need, whether such services are provided by legal enactments or voluntary organisations or otherwise. Where necessary, she is required to act as liaison between social services available and the family. With her knowledge of social conditions affecting the families in her area, she is adequately equipped to assist in social investigation and research work concerned with the welfare of the family.

Within the area allotted to her the Health Visitor's duties include:—

(i) Care of Mothers and Children

For example, home visiting to advise parents, foster parents and expectant mothers as to the best means of promoting their own health and welfare and that of their families. Keeping in touch with children suffering from defect or handicap; visiting illegitimate children and children day-minded in homes other than their own. Arranging help for "problem" families. Investigating the causes of still-births, neo-natal and accidental deaths. Observing the environment of all children; the cleanliness of their homes; reporting sanitary defects and overcrowding. Securing as satisfactory home conditions as possible for unmarried mothers and their babies. Carrying out special enquiries relating to applications for admission to day nurseries, hospitals and convalescent homes. Investigation of contacts of cases of infectious disease. Advising on the prevention of accidents and investigating the history of all children admitted to hospital suffering from preventable injuries. Assisting with special investigations and departmental surveys or research into the social and welfare circumstances of certain groups of families.

(ii) Duties at Maternity and Child Welfare Centres

The Health Visitor is responsible for the general administration of the Centre, for maintenance of equipment and records and correlation of the various centre activities.

(iii) Prevention of Infectious Disease

The Health Visitor's duties in this regard are in the teaching of causes of infection and of prevention of disease by immunisation and vaccination, etc.

Co-operating with the General Practitioner, Medical Officer of Health and School Medical Officers in the control of infection.

(iv) Care and After-Care

The Health Visitor's function here is to act as a link between hospital and the various services available in the home. She has particular duties in connection with tuberculosis patients and their contacts with special reference to after-care, e.g., in regard to resettlement schemes for patients.

(v) Illness, including Mental Illness and Mental Defectives

The Health Visitor may have to provide doctor or hospital with details of home conditions of patients in her area, may discover suspected mental defectives and refer them for ascertainment; may visit occupation centres in her area to supervise health and hygiene.

(vi) Care of the Aged

The Health Visitor will become aware of the needs of old people in her area. She will advise as to how these needs can be met by adjustment within the family circle, etc.

(vii) Health Education

The Health Visitor under this heading is mainly concerned with:—

- (1) Health Education to encourage and promote the attainment of full health of mind and body within the family group.
- (2) Co-operation with other health and social workers to ensure that the best use is made of statutory and voluntary services available to the community.
- (3) Demonstrating to other professional workers the practical social work in which she is engaged.

Many other aspects of the Health Visitor's work are described in *The Function and Case Load of Health Visitors* published by The Women Public Health Officers' Association in November, 1952.

Part III

SANITARY CIRCUMSTANCES
OF THE AREA

SANITARY CIRCUMSTANCES OF THE AREA

Water—The water supply is maintained by the Southport and District Water Board, which is a combination of the local authorities of the County Borough of Southport, the Urban District of Formby, and the West Lancashire Rural District. The Board supplies water within the area of these three authorities and also in part of the Ormskirk Urban District.

There are five pumping stations owned by the Water Board, and these are situated six to ten miles south-east of the town. The water from Scarth Hill does not come into Southport.

The wells and boreholes are all over 200 feet deep. Owing to the depth of the wells and the nature of the strata the possibilities of contamination are remote. The water has no plumbo-solvent action, and although somewhat hard is exceptionally pure, both chemically and bacteriologically. The water from the Blundell House pumping station (opened in July, 1934) shows a marked difference from the others, being a much softer supply.

During 1949 a new deep borehole at Scarisbrick was completed. Samples of water taken during the Yield Test showed a notably high standard of bacteriological purity for a water from a newly completed borehole.

Samples of the water are taken regularly.

Chemical Analysis, 10th January, 1952

The water is hard with a temporary hardness of 270 parts per million and a permanent hardness of 114 parts. It therefore has a total hardness of 384 parts per million.

							Parts per Million
Total solid matter in solution	...	...	...	...	...	...	474·4
Oxygen required to oxidise	}	in 15 minutes	...	...	...	...	0·13
		in 4 hours	...	...	...	...	0·21
Ammoniacal Nitrogen as N.	...	...	...	...	...	...	None
Albumoid Nitrogen as N.	...	...	...	...	...	...	None
Nitrous Nitrogen as N.	...	...	...	...	...	...	None
Nitric Nitrogen as N.	...	...	...	...	...	...	Minute Trace
Combined Chlorine	...	...	...	...	...	...	31·0

Bacteriological Examination, 10th January, 1952

Number of Bacteria on agar at 37° C. for 48 hours	...	...	=	0 per 1 c.c.
Number of Bacteria on agar at 22° C. for 48 hours	...	...	=	0 per 1 c.c.
B. Coli in water examined	...	...	=	0 per 100 c.c.
Total coliform organisms in water examined	...	...	=	0 per 100 c.c.
Class 1 : Highly satisfactory.				

Thanks are due to Mr. N. B. Bennett, A.M.INST.C.E., M.INST.W.E., the Water Board Manager, for providing the following statement of analyses made of the water obtained from the various pumping stations.

Analyses of Samples of Water taken from the Pumping Stations,
5th August, 1952

	Halsall Lane P.S.	Springfield P.S. (Filtered)	Bickerstaffe P.S. (Filtered)	Blundell House P.S. (Filtered)
Chemical Results in parts per million				
Appearance	Clear and Bright	Bright	Clear and Bright	Clear and Bright
Colour	Nil	Nil	Nil	Nil
Odour	Nil	Nil	Nil	Nil
Reaction pH	6·9	7·4	7·2	6·9
Free Carbon Dioxide	35	15	28	26
Electric Conductivity at 20° C. ...	480	660	780	370
Total Solids dried at 180° C. ...	320	440	560	245
Chlorine in Chlorides	25	34	22	25
Nitrogen in Nitrates	2·6	0·0	0·0	0·0
Nitrites	less than 0·01	Absent	Absent	less than 0·01
Metals	Manganese 0·03 Iron 0·03	Absent	Absent	Manganese 0·05
Free Ammonia	0·027	0·000	0·055	0·000
Albuminoid Ammonia	0·000	0·000	0·000	0·000
Oxygen absorbed in 4 hours at 27° C.	0·00	0·05	0·50	0·20
Hardness: Permanent	55	85	135	35
Temporary	195	270	310	145
Total	250	355	445	180
(Total Hardness: Degrees Clarks Scale)	17·5	24·85	31·2	12·6
Bacteriological Results				
Number of Colonies developing:—				
On Agar per c.c. in 3 days at 20° C.	1	0	0	0
1 day at 37° C.	0	0	0	0
2 days at 37° C.	0	0	0	0
Presumptive Coli-aerogenes Reaction				
Present in	—	—	—	—
Absent from	100 c.c.	100 c.c.	100 c.c.	100 c.c.
Bact-coli (Type 1)				
Present in	—	—	—	—
Absent from	100 c.c.	100 c.c.	100 c.c.	100 c.c.
Clostridium Welchii Reaction				
Present in	—	—	—	—
Absent from	100 c.c.	100 c.c.	100 c.c.	100 c.c.

Report

The samples were reported as being clear and bright in appearance and free from metals, excepting negligible traces of iron and manganese. The waters vary from hard to very hard in character but contain no excess of saline or mineral constituents in solution. They are of the highest standard of organic and bacterial purity.

Houses supplied from other sources than the Town's supply:—Eight houses continue to be supplied from seven shallow wells adjacent to the premises. During the year, one house was connected to the town supply.

Public Baths—The Victoria Baths near the Pier have ample bathing accommodation, which in addition to three open sea-water swimming baths, comprises 45 Slipper Baths, two “Zotofoam” and “Pine Bubble” Baths, and a suite of Turkish and Russian Baths. The number of bathers attending during the twelve months ending 31st December, 1952, was 205,333.

The large Open-Air Bathing Lake in Princes Park is available for mixed bathing, and has a water surface area of over 55,000 square feet. The Bathing Lake was used by 135,077 bathers during the year.

The sea water supplied to these baths is so treated by filtration and chlorination that the bath water proves to be of exceptional purity. The bacteriological findings in regard to samples from these baths taken on 10th July, 1952, are as follows:—

Summary of Findings							Bathing Lake	Victoria Baths
Organisms at 37° C.	...	...	...	...	...	...	2 per c.c.	3 per c.c.
Organisms at Room Temperature				...	...	...	6 per c.c.	7 per c.c.
Coliform Bacilli	...	...	...	...	...	...	Nil in 100 c.c.	Nil in 100 c.c.
Streptococci	...	...	...	...	...	...	Nil in 10 c.c.	Nil in 10 c.c.
Cl. Welchii	...	...	...	...	...	...	Nil	Nil

With regard to the smaller Baths at Canning Road and Compton Road these continued to be freely used.

The Canning Road Baths had an attendance of 6,416 during the year, and the Compton Road Baths an attendance of 6,060.

SANITARY INSPECTION OF THE AREA

Drainage—Complaints received regarding choked and defective drainage systems of houses numbered 1,408 and the necessary cleansing, repairs and alterations were supervised.

Household Refuse—The work of collection and disposal of refuse is the responsibility of the Borough Engineer’s Department.

Shops—The administration of the Shops Act is carried out by the Weights and Measures Department. Defects under Section 38 of the Shops Act, 1950, have been referred to the Sanitary Department, and have been dealt with.

Schools—The regular inspections of the sanitary arrangements at the schools have continued, and the standard of cleanliness has been well maintained.

Hostel—One common lodging house exists in the Borough, and has been visited on fifty-three occasions. The conditions under which this house is conducted have on the whole been satisfactory and considerable improvements are being carried out.

FACTORIES

Statistical information, prepared in the manner required by the Ministry of Labour and National Service is shown as follows:—

Factories Acts, 1937 and 1948 (Part I).

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written notices (4)	Owners prose- cuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	389	65	15	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	770	530	44	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises)	1	4	—	—
TOTAL	1160	599	59	—

* *i.e.* Electrical Stations (Section 103(1)), Institutions, (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

2.—CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were				Number of cases in which prose- cutions were instituted (6)
	Found (2)	Reme- died (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1.) ...	23	32	—	2	—
Overcrowding (S.2.)	—	—	—	—	—
Unreasonable temperature (S.3.)	—	—	—	—	—
Inadequate ventilation (S.4.) ...	1	1	—	—	—
Ineffective drainage of floors (S.6.)	3	3	—	—	—
Sanitary Conveniences (S.7.)					
(a) insufficient	5	5	—	—	—
(b) Unsuitable or defective	49	42	—	4	—
(c) Not separate for sexes	3	1	—	1	—
Other offences against the Act (not including offences relating to Outwork)	3	4	—	—	—
TOTAL	87	88	—	7	—

O U T W O R K						
Nature of Work	Section 110			Section 111		
	No. of out-workers in Aug. list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel:— Making, etc. ...	14	—	—	—	—	—
TOTAL	14	—	—	—	—	—

Smoke Abatement—Seventy-three observations were made during the year, and in no case was it found necessary to institute legal proceedings.

Pest Control—Vermin (other than rodents). The department has continued throughout the year to assist and advise on the control of insect pests. The measures employed included spraying with insecticides, and the use of powder insecticides.

RODENT CONTROL

The Rodent Control Service started in March, 1944, as a result of the Infestation Order, 1943, continued to operate throughout the year.

The Prevention of Damage by Pests Act, 1949, became operative on the 31st March, 1950, and repealed the Rats and Mice Destruction Act, 1919. The principal differences under this Act are that the local authority is now charged with the responsibility of carrying out such inspections and surveys as may be necessary to ascertain that land within their district is kept free of rats; and the local authority is also responsible for the supervision of all land which includes agricultural holdings previously supervised by the County Agricultural Executive Committee.

There is one Rodent Operator and he is able to cover the work only by means of motor transport. The staff of Sanitary Inspectors also survey the areas in their own districts. The services of the Operator are available on application being made by occupiers of premises which are infested and a duty is laid upon them to notify the Local Authority, in writing, if rats or mice are found on land in substantial numbers. The occupier of premises or land is still responsible for the work of disinfestation of his property.

The definition of land in the Act includes land covered with water and any building or part of a building.

It should be remembered that apart from the vast amount of destruction caused by rats and mice, these rodents may also be carriers of disease germs which can be transmitted to man by the contamination of food. It is important, therefore, to take all steps which are possible to assist the department in this work.

The following table shows the work done during the year:—

Prevention of Damage by Pests Act, 1949
Report for the Year, 1952

1. PREVALENCE OF RATS AND MICE

TYPE OF PROPERTY	Number of Properties in Local Authority's Area				Analysis of Column (iv)		
	Total (i)	In which Infestation was:			Number Infested by:		
		Notified by Occupier (ii)	Other-wise Discov-ered (iii)	Recorded Total of (ii) and (iii) (iv)	RATS		MICE ONLY (vii)
					Major (v)	Minor (vi)	
Local Authority Property ...	190	32	39	71	—	47	24
Dwelling Houses ...	23913	139	65	204	—	105	99
Business Premises ...	3768	86	51	137	—	60	77
Agricultural Property	44	3	5	8	—	7	1
TOTALS ...	27915	260	160	420	—	219	201

2. MEASURES OF CONTROL BY LOCAL AUTHORITY

Type of Property	No. of Properties Inspected	No. of Inspections made	Number of Notices Served Under Section 4		Number of Treatments carried out:—				Block Treatment of Properties in Different Occupancies Under Section 6(i) or by Informal Arrangement				
			Treatments	Works	Rats	Mice Only	By arrangement with Occupier		Under Section 5 (i)		No. of Blocks	Sur-face	Assoc-iated Sew-ers
							Major	Minor	Mice Only				
Local Authority's Property	128	435	—	2	33	16	—	—	—	3	61	6	
Dwelling Houses ...	323	654	—	25	46	65	—	—	—	—	—	—	
Business Premises ...	331	880	1	7	61	61	—	—	—	2	12	3	
Agricultural Property ...	18	5	—	—	5	—	—	—	—	—	—	—	
TOTALS ...	900	1974	1	34	145	142	—	—	—	5	73	9	

Summary of Visits—During the year the total number of visits made by the Inspectors was 25,249, classified as follows:—

Nuisances

COMPLAINTS—NUMBER INVESTIGATED:—

(1)	Housing Defects ...	547
(2)	Choked and Defective Drains ...	1408
(3)	Emission of Smoke ...	9
(4)	Accumulation of Offensive Matter ...	33
(5)	Miscellaneous ...	508
TOTAL ...		2,505

INSPECTIONS:—

Dwelling Houses	...	...	...	...	...	...	1104
Common Lodging Houses	...	...	...	...	...	...	53
Houses let in Lodgings	...	...	...	...	...	...	20
Common Yards, Back Roads and Passages	...	...	...	...	...	...	146
Horse-Manure Middensteads	...	...	...	...	...	...	24
Pigstyes	...	...	...	...	...	...	159
Offensive Trades	...	...	...	...	...	...	640
Rag Flock and Upholstery Premises	...	...	...	...	...	...	64
Places of Public Entertainment	...	...	...	...	...	...	32
Public Sanitary Conveniences	...	...	...	...	...	...	341
Tents, Vans and Sheds	...	...	...	...	...	...	15
Abattoir	...	...	...	...	...	...	761
Meat Vans	...	...	...	...	...	...	74
Ashes Receptacles (Ashpits and Dustbins)	...	...	...	...	...	...	254
Conversions (Earth Closets and Bristol Ejects to W.C.'s)	...	...	...	...	...	...	26
Smoke Observations	...	...	...	...	...	...	73

Testing Drains:—

By Smoke	...	...	...	...	...	...	283
By Breaking Down	...	...	...	...	...	...	105
By Water	...	...	...	...	...	...	6
By Coloured Water	...	...	...	...	...	...	75
Insufficient Water Supply	...	...	...	...	...	...	7

Factories Act, 1937/48:—

Factories with mechanical power	...	...	...	...	...	...	546
Factories without mechanical power	...	...	...	...	...	...	53
Outworkers' Premises	...	...	...	...	...	...	11
Workplaces	...	...	...	...	...	...	12
Shops Act, 1950	...	...	...	...	...	...	28
Fried Fish Shops	...	...	...	...	...	...	105
Fishmongers and Greengrocers	...	...	...	...	...	...	1375
Butchers' Shops	...	...	...	...	...	...	2010
Grocers' Shops	...	...	...	...	...	...	2593
Bakehouses	...	...	...	...	...	...	279
Canteens...	...	...	...	...	...	...	11
Public Houses, Beer Houses, etc.	...	...	...	...	...	...	106
Food Preparing and Storing Places	...	...	...	...	...	...	1904
Dairies	...	...	...	...	...	...	686
Ice Cream Premises	...	...	...	...	...	...	642
Pet Animals Act, 1951	...	...	...	...	...	...	33
Infectious Disease Visits	...	...	...	...	...	...	210
Prevention of Damage by Pests Act, 1949	...	...	...	...	...	...	2107

Inspections of Dwelling Houses and other premises for vermin infestation	...	...	...	...	...	122
Visits to work in progress	...	...	...	...	...	4889
Visits re Housing Survey	...	...	...	...	...	27
Miscellaneous Visits (Interviews, etc.)	...	...	...	...	...	3238
TOTAL						25,249

Nuisances—The number of schedules of cases recorded for abatement was 2,505.

In all cases the usual verbal request for the abatement of nuisances found was made, but in 1,551 instances it was necessary to serve written notices as follows:—

Preliminary	...	...	...	1447
Statutory	...	...	...	104
TOTAL				1551

The number of preliminary and statutory notices complied with during the year was 1,231.

Rag Flock and other Filling Materials Act, 1951—The purpose of the Act is to secure the use of clean filling materials in upholstered articles which are stuffed or lined.

14 premises were registered under the Act and 6 licences were granted for the storage of rag flock.

Ten samples of rag flock and other filling materials were submitted for analysis during the year and two were reported to be unsatisfactory. The necessary action was taken in both cases.

Part IV
HOUSING

HOUSING

General—The number of inhabited houses totalled 24,813.

The following table shows the number of houses built during the period 1937 to 1952. It should be noted that no houses were built in the years 1941 to 1945 inclusive.

Year ...	1937	1938	1939	1940	1946	1947	1948	1949	1950	1951	1952
Number of Houses built	385	249	308	42	310	163	156	126	102	67	113

Fitness for Habitation—The standard of fitness of houses in the Borough continued to be generally good. Owing to the increased cost of materials and labour, it has been found that far more interviews with owners and revisits to properties than was formerly the case, have had to be made to see that notices were complied with and this has thrown greater work on to the Inspectors of the department.

Overcrowding—The number of complaints regarding alleged overcrowding received during the year was 47, of which 35 were subsequently found to be overcrowded by visitation of the Sanitary Inspectors. In all instances where overcrowding was found to occur the matter was referred to the Housing Department requesting that assistance be granted in these cases.

HOUSING STATISTICS

1. Inspection of dwelling houses during the year:—

(1) (a) Total number of dwelling houses inspected for housing defects (under the Public Health and Housing Acts)	...	...	...	1,131
(b) Number of inspections made for the purpose	...	...	...	4,889
(2) Number of dwelling houses found not to be in all respects reasonably fit for human habitation	...	...	...	1,065

2. Remedy of defects during the year without service of formal notices:—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers...	...	1,006
--	-----	-------

3. Action under statutory powers during the year:—

A— Proceedings under the Public Health Act:—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	104
(2) Number of dwelling houses in which defects were remedied after service of formal notices:—					
(a) By Owners	...	...	...	...	98
(b) By Local Authority in default of Owners	...	...	...	...	Nil

B— Proceedings under Sections 9 to 12, Housing Act, 1936:—

(1) Number of dwelling houses demolished as a result of formal procedure under Section 11	3
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No other dwelling houses were closed or demolished under the provisions of the Housing Act, 1936.

Part V

INSPECTION AND SUPERVISION
OF FOOD

FOOD STANDARDS

Four hundred and eighty-nine samples of food were taken and submitted to the Public Analyst for chemical analysis.

The results showed that 450 were genuine and 39 were adulterated or otherwise giving rise to irregularity; the latter included 15 formal and 24 informal samples.

All the samples certified as not genuine were followed up, and appropriate action was taken.

List of samples found to be adulterated or otherwise giving rise to irregularity

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
691 Formal ...	MILK— Contained 48% of added water	Legal proceedings instituted under Section 3, Food and Drugs Act, 1938, and Section 9, Food and Drugs (Etc.) Act, 1950. Four summons under the former section—fine of £15 in respect of each and four summons under the latter section—fine of £20 in respect of each. Costs of 4 gns. Analyst's fee, 3 gns. Advocate's fee and £1/7/9d. witness's expenses.
692 Formal ...	„ 48% „ „ „	
693 Formal ...	„ 50% „ „ „	
694 Formal ...	„ 50% „ „ „	
698 Informal ...	MILK— Contained 11½% of added water and an excessive amount of dirt.	In the investigation of the complaint, it was found that a defective sterilising pipe line was responsible for the excessive dirt and insufficient milk had been discarded after steam sterilisation prior to bottling commencing.
750 Informal ...	Contained about 2% of added water.	
742 Formal ...	MILK— Deprived of 5% of its original milk fat.	Warning letter issued by the Town Clerk to the Producer and information forwarded to the County Milk Production Officer of the Ministry of Agriculture and Fisheries.
670 Informal ...	CANNED PEELED TOMATOES— Contained 8 parts of lead per million.	As this was an imported product, the Town Clerk informed the Food Standards and Labelling Division of the Ministry of Food, of the Public Analyst's findings and a label from a similar tin was submitted. The Ministry replied setting out the limits of lead in foods at present under review.
646 Informal ...	GROUND CINNAMON— Deficient of essential oil. (Volatile essential oil not more than 0·1%).	Insufficient stocks of this product available to enable a formal sample to be taken. Vendor notified.
697 Informal ...	POTATO CRISPS— Cooked potato crisps in a rancid condition and unfit for human consumption.	68 packets of Crisps voluntarily surrendered.
654 Informal ...	STEEL PENNYROYAL— Pills containing iron salts and pennyroyal in a deteriorated condition.	10 packets of this product voluntarily surrendered. Old stock—Vendor advised regarding the storage of such products.

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
783 Informal ...	MILK— Deprived of 14% of its original milk fat.	As a result of this unsatisfactory in- formal sample, six formal samples numbered 801-806 were obtained; two were found to be genuine milks and four were found to be milks deficient of total milk solids or defi- cient of fat.
801 Formal ...	MILK— Deficient of fat to the extent of 22% and of solids not fat to the extent of 4%.	Six "Appeal to Cow" samples taken, numbered 822-827, which were found to be Milks of Abnormal Composition. A letter was sent to the Town Clerk requesting him to write to the Chief Milk Production Officer drawing his attention to these unsatisfactory samples and asking him to take steps with a view to improving the quality of the milk from this Producer.
802 Formal ...	Deficient of fat to the extent of 10% and of solids not fat to the extent of 3½%.	
804 Formal ...	Deprived of 4% of its original milk fat.	
805 Formal ...	Deficient of fat to the extent of 6% and of solids not fat to the extent of 1%.	
807 Informal ...	MILK— Contained 8% of added water.	As a result of these unsatisfactory samples, 3 formal samples, numbered 816-818, were taken and one was found to be genuine milk and two were found to contain added water.
809 Informal ...	Contained 16% of added water.	
817 Formal ...	MILK— Contained 9·6% of added water.	Legal proceedings taken under Sec- tion 3 of the Food and Drugs Act, 1938. Producer fined £20 on each of 2 charges plus costs of £6/18/6d.; also charged under Section 9 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, and acquitted. Three "Appeal to Cow" samples numbered 819-821 taken and found to be genuine milks.
818 Formal ...	Contained 13% of added water.	
870 Informal ...	BREAD— Contaminated by lubricant and metals.	Bakery Manager interviewed and he stated that new machinery was to be installed which would eliminate the possibility of oil contamination. (New machine now installed).
812 Informal ...	MILK— Contained 2% of added water.	As a result of this unsatisfactory in- formal sample, 3 formal samples, numbered 834, 835 and 836, were taken; 834 was found to be genuine milk, 835 to contain 2% of added water and 836 was found to be milk of abnormal composition. As the addition of water was very slight and the other two samples gave rise to irregularity a letter was sent to the Town Clerk requesting him to send a warning letter to the Producer and also to inform the Chief Milk Pro- duction Officer of this adulteration.
835 Formal ...	Contained 2% of added water.	
771 Informal ...	BAKING POWDER— Deficient of available carbon dioxide to the extent of 25%.	Formal sample, number 849, taken as a result of this unsatisfactory sample.

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
849 Formal ...	BAKING POWDER— Deficient of available carbon dioxide to the extent of 16½%	As it appeared that the deficiency was due to unsatisfactory storage, a letter was sent to the Town Clerk asking him to write to the Vendors warning them that should a further sample prove to be deficient due to unsatis- factory storage, legal proceedings would be instituted against them. The manufacturers were also in- formed of the deficiency, so that they could withdraw the remainder of the stock if they so desired, which they arranged to do.
871 Informal ...	MILK— Contained mould organisms.	The Analyst reported that this was probably due to the fact that the bottle had not been washed before filling. A letter was sent to the Vendors requesting their observa- tions and a satisfactory explanation was given.
879 Informal ...	SUGAR CONFECTIONERY (BEST BUTTER OVALS)— Deficient of butter fat to the extent of 100%.	The Manufacturers were interviewed and stated that this line is now being manufactured to comply with the Code of Practice (minimum of 4% butter fat. The consignment from which this was taken was manufac- tured 3 weeks prior to the taking of the sample.
884 Informal ...	SUGAR CONFECTIONERY (BUTTER AND HONEY TOFFEE)— Deficient of butter fat to the extent of 50%.	The Manufacturers were informed and a letter was received stating that the labels would be amended to comply with the Code of Practice.
938 Informal ...	SUGAR CONFECTIONERY (OLDE ENGLISH BUTTERMINTS)— Deficient of butter fat to the extent of 62·5%.	A letter was sent to the Manufac- turers requesting their observations on this deficiency and the firm ceased the manufacture of these Olde English Butter Mints.
959 Informal ...	MILK— Deprived of 16% of its original milk fat.	As a result of this unsatisfactory sample, two formal samples, num- bered 1076 and 1077 were obtained and these were found to be Milks of Abnormal composition.
971 Informal ...	CHOCOLATE WAFER BISCUITS— Chocolate Biscuits in a slightly rancid condition.	The remainder of the stock, 20 dozen chocolate wafer biscuits, were volun- tarily surrendered.
968 Informal ...	BREAD— Bread in a contaminated con- dition.	This informal sample consisted of part of a wrapped sliced loaf of bread made at a local bakery and was stated to be contaminated due to the diffi- culty of replacing worn-out machi- nery. A new machine has now been fitted and no further complaints of oil contamination of bread have been received.

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
965 Informal ...	BEST BUTTER OVALS— Slightly deficient of butter fat. Butter Fat 3·4%.	This informal sample was submitted at the request of the Manufacturers, in view of the Code of Practice for the butter fat standard in such commodities. This slight deficiency was notified to the manufacturers who have now amended the recipe to satisfy the standard of 4% butter fat.
966 Informal ...	BUTTERED CRACKNELL— Deficient of butter fat. But- ter Fat 2·8%.	This informal sample was submitted (together with 965) at the request of the manufacturers. The Public Analyst did not discover that this was a composite sweet and the butter portion of the sweet was identical with that of sample number 965. The Manufacturers have now amended the recipe to provide a 4% butter fat standard.
967 Informal ...	SAUSAGE (PORK)— Contained an excessive pro- portion of fat. Fat 43%. Lean Meat 23%.	As a result of this unsatisfactory in- formal sample, a formal sample, number 969, was obtained and found upon analysis to be genuine, in that the meat content including fat satis- fied the statutory standard.
1081 Informal ... 1101 Formal ...	MILK— Contained 4% of added water. Contained 2% of added water.	As a result of the unsatisfactory sample, a formal sample (1101) was taken and found to contain 2% of added water. The matter was re- ferred to the Town Clerk with a request that a warning letter be forwarded to the Producer, and the Ministry of Agriculture and Fisheries was requested to investigate the milking procedure of this particular Producer.
1097 Informal ... 1103 Formal ...	MILK— Contained 23% of added water. Contained 20% of added water.	As a result of the unsatisfactory in- formal sample, formal sample num- ber 1103, was taken and found to contain 20% of added water. Legal proceedings were instituted under Section 3 of the Food and Drugs Act, 1938, and the case was dismissed.

Table showing particulars of the number of samples taken for
Bacteriological Examination—Year 1952

Nature of Samples and Specimens	Number of Specimens procured for submission to bacteriologist for bacteriological examination				
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total for the year
FOOD AND DRINK—					
Ice Cream ...	—	100	41	38	179
Milk ...	110	115	85	138	448
Other Foods ...	1	2	2	39	44
*Water ...	2	2	2	6	12
TOTALS	113	219	130	221	683

*Intended for human consumption.

DISTRIBUTION OF MILK

There are 123 distributors of milk on the register of the local authority of whom 119 have their premises inside the Borough. The premises are inspected regularly and samples are frequently submitted for bacteriological examination. During the year, 448 samples of milk were submitted to the Bacteriologist for examination of which 321 were Pasteurised, 11 Sterilised, 53 Tuberculin Tested (Pasteurised), 47 Undesignated, 10 Tuberculin Tested Certified, 4 Tuberculin Tested and 2 Accredited. Of these samples, 5 Pasteurised samples failed the Phosphatase Test; 1 T.T. (Pasteurised) Milk failed the Phosphatase Test; 12 Undesignated samples failed the Methylene Blue Test and the remainder proved to be satisfactory. In all instances where the Pasteurised Milk samples failed the Phosphatase Test, the milk was examined by means of guinea pig inoculation for Tubercule Bacilli. In addition, 60 samples of raw milk were submitted for biological examination and in 3 instances T. Bacilli was found. All the milk from these herds was pasteurised until the herds were declared free of tuberculous cows by the Veterinary Surgeon.

In all instances where unsatisfactory samples were obtained the premises were thoroughly examined and the equipment tested with a view to finding the source of the failure. In every case where unsatisfactory milk samples were obtained from producers outside the Borough, the information was submitted to the appropriate authority.

It will be seen that the quality of milk sold in the Borough has maintained a very high level in that only 1·32% were found to be unsatisfactory.

The number of samples taken for chemical analysis was 326 of which 24 were reported by the Public Analyst to be adulterated or otherwise giving rise to irregularity. Details of the 24 are given on pages 80, 81, 82 and 83.

Sale of Milk under Designation

Classification of Licences issued	Number of Licences issued during the year	
	1951	1952
(1) Milk (Special Designation) (Raw Milk) Regulations, 1949		
“Tuberculin Tested”		
Dealers’ Licences authorising the use of the special designation “Tuberculin Tested” in relation to milk sold from the holder’s premises	17	20
Supplementary Licences authorising the use of the special designation “Tuberculin Tested” in relation to milk sold by retail from the holder’s premises outside the Borough	1	1

Classification of Licences issued	Number of Licences issued during the year	
	1951	1952
(2) Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949		
<i>"Pasteurised"</i>		
Dealers' (Pasteurisers') Licences authorising the use of the special designation " <i>Pasteurised</i> " in relation to milk treated by the pasteurising process at the holder's premises	10	10
Dealers' Licences authorising the use of the special designation " <i>Pasteurised</i> " in relation to milk sold from the holder's premises ...	51	60
Supplementary Licences authorising the use of the special designation " <i>Pasteurised</i> " in relation to milk sold by retail from the holder's premises outside the Borough	3	3
<i>"T.T. Pasteurised"</i>		
Dealers' Licences authorising the use of the special designation " <i>Tuberculin Tested (Pasteurised)</i> " in relation to milk sold from the holder's premises	40	50
Supplementary Licences authorising the use of the special designation " <i>Tuberculin Tested (Pasteurised)</i> " in relation to milk sold by retail from the holder's premises outside the Borough	2	2
<i>"Sterilised"</i>		
Dealers' Licences authorising the use of the special designation " <i>Sterilised</i> " in relation to milk sold from the holder's premises ...	59	62
Supplementary Licences authorising the use of the special designation " <i>Sterilised</i> " in relation to milk sold by retail from the holder's premises outside the Borough	2	3
TOTALS	185	211

FOOD INSPECTION

Details of the food inspected and rejected as unfit for human consumption are set out below:—

Carcases Inspected and Condemned Public Abattoir

PARTICULARS	Cattle (excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number of animals killed ...	2768	1048	2575	15526	1864
Number of carcasses inspected ...	2768	1048	2575	15526	1864
RESULTS					
All diseases except tuberculosis:—					
Number of whole carcasses condemned	5	6	19	28	23
Number of carcasses of which some part or organ was condemned	829	513	3	1753	83
Percentage of the number in- spected affected with disease other than tuber- culosis	30·13	49·52	0·85	11·47	5·69
Tuberculosis only:—					
Number of whole carcasses condemned	8	40	—	—	7
Number of carcasses of which some part or organ was condemned	227	394	—	—	57
Percentage of the number in- spected affected with tuberculosis	8·49	41·41	Nil	Nil	3·46

The condemnations of whole carcasses shown in the above table were due to tuberculosis (fifty-five), septicaemia (twelve), oedema (twenty-four), peritonitis (nine), pyaemia (thirteen), being in a dying condition (two), feverishness (three), septic peritonitis (four), multiple abscesses (three), swine erysipelas (six), decomposition (three) and jaundice (two). All the animals, except five, were brought to the Abattoir from outside the Borough.

Summary of meat and other articles of food which were found to be diseased or unwholesome

	Cwts.	Qrs.	Lbs.
Beef... ..	737	3	9
Veal... ..	9	1	1
Mutton	50	3	20
Pork	51	0	10
Fish... ..	19	0	11
Poultry, Game, Rabbits	7	0	13
Fruit	—	2	6
Vegetables	8	3	0

Tinned Goods:—						Cwts.	Qrs.	Lbs.
Milk	...	...	...	...	...	12	0	24
Meat	...	...	...	...	...	66	3	27
Fish...	...	...	...	...	...	8	1	24
Vegetables	...	...	...	...	...	20	0	2
Fruit	...	...	...	...	...	65	3	26
Cereals	...	...	...	...	...	4	3	15
Jam	...	...	...	...	...	3	0	18
Miscellaneous	...	...	...	...	...	51	2	26
						1118	0	8
TOTAL						55 tons	18 cwts.	8 lbs.

All the meat was sent for salvage and converted into technical/industrial substances. The remaining diseased or unsound food was destroyed.

The whole of the food listed was voluntarily surrendered and no legal action was necessary to safeguard public health.

PUBLIC ABATTOIR

It was a great disappointment to the Committee when, last year, the Ministry of Food refused to agree to the provision of a stunning pen and modern overhead runways but this year approval has been obtained. By the use of a stunning pen for cattle, the cruelty previously caused can be reduced to a minimum. It is hoped that these further improvements will be completed as soon as practicable and thus provide a reasonable working unit with modern fittings and equipment where the meat can be produced under hygienic conditions.

FOOD HYGIENE

The standard of hygiene throughout the area has continued to improve and, though greater efforts are still needed, it is encouraging to note the upward trend in the various food industries. This is no doubt due to a certain extent to the members of the general public becoming more "hygiene conscious" and also to the continued efforts of the Food Hygiene Officer.

Good co-operation has been maintained with the various food organisations, and considerable structural improvements have been effected to various premises at the instigation of the Department.

The lectures, jointly organised by the St. John Ambulance Association and the Health Committee, have continued to operate satisfactorily and courses were held in the spring and autumn of the year. Since the inauguration of the lectures, 442 persons have attended, 267 have taken the examination and 178 certificates have been awarded. It is held that by such courses of instruction and by short lectures in the kitchens and factories, good results will be obtained. Various organisations have been addressed by the Chief Sanitary Inspector and the Food Hygiene Officer and the lectures to school children have been continued. It is believed that by raising the standard of personal hygiene amongst all dealing with food supplies, in the home, shop and factory, will the most lasting results be achieved. The use of new film strips depicting this work has been developed and has been much appreciated by audiences generally.

Such interest has been aroused that a Food Hygiene Discussion Group has been formed from students who attended the previous courses. The Group is to be organised by the members and to be financed entirely by them. One member of the Health Department Staff is to act as Secretary to assist in the arrangements to be made for speakers and visits to premises.

It is pleasing to be able to report the formation of such an organisation and real benefit should be derived from discussions and visits to modern food premises. This will assist the members, who are drawn principally from the catering and retail food trades, to realise the important part they can play in maintaining a high standard of food handling and distribution after manufacture.

In order to continue the educational side of food hygiene it is hoped to commence an advanced course of lectures for proprietors and supervisors in the coming year.

The Model Byelaws relating to food handling have been in operation since 1950 and have continued to play an important part in the upward trend in food hygiene. Over 1,000 copies have been distributed to the food premises throughout the Borough and have greatly assisted in the enforcement of better standards where necessary.

Legal proceedings were instituted in two cases under the Food and Drugs Act, 1938, and the food handling byelaws regarding unsatisfactory premises and the defendants were fined in both instances.

THE SHELLFISH INDUSTRY

In order to achieve better standards of hygiene in the shellfish trades, particularly those dealing with shrimps and cockles, a considerable amount of sampling and investigation work has been carried out. To this end the Health Committee have appointed a Sub-Committee to meet representatives of the trade and discuss with them suitable standards to be adopted.

It is hoped to obtain the full co-operation of the members of the industry and to raise the standard of handling, processing and distribution to a very high level.

(A) Summary of Food Hygiene Inspections

INSPECTIONS								No.
Hotels, Restaurants and Kitchens	...	...	...	...	...	...	...	937
Bakehouses	...	...	...	...	...	...	...	273
Butchers' Shops	...	...	...	...	...	...	...	246
Confectioners' and Grocers' Shops	...	...	...	...	...	...	...	983
Fried Fish Shops	...	...	...	...	...	...	...	104
Fishmongers', Greengrocers' and Poulterers'	...	...	...	...	...	...	...	329
Ice Cream Premises	...	...	...	...	...	...	...	472
Miscellaneous	...	...	...	...	...	...	...	795
TOTAL								4139

(B) Summary of Improvements Effected

Major reconstructions of cafe, kitchens and bakehouses	...	...	...	...	6
Minor structural improvements, cleansing and repairs	...	...	...	...	185
Improved food storage facilities	...	...	...	...	19
Equipment renewed, repaired and cleansed	...	...	...	...	47
Improved washing-up facilities and procedure	...	...	...	...	12
Improved sanitary accommodation for staff including personal washing facilities	...	...	...	...	29
Improved sanitary accommodation for patrons	...	...	...	...	3
Improved refuse storage facilities	...	...	...	...	11
Vermin eliminated	...	...	...	...	13
TOTAL					325

ICE CREAM

The bacteriological quality of Ice Cream on sale in the Borough was found to be slightly less satisfactory than in 1951 as 22·9% of the samples as against 19·78% were found to be unsatisfactory. This, however, compares favourably with 26·95% in 1950 and 52·2% in 1949.

In all instances where unsatisfactory samples are obtained from local manufacturers energetic steps are taken, including sampling of the product at various stages of production and investigation into the methods of cleansing and sterilisation. Where unsatisfactory samples are obtained from manufacturers outside the Borough, the appropriate authority is informed.

The number of premises used in connection with the manufacture, sale and storage of Ice-Cream is set out below:—

PARTICULARS						No.
For the purpose of manufacture and sale	...	...	...	...	...	21
For the purpose of sale	...	...	...	...	...	201
TOTAL						222

One hundred and seventy-nine samples of ice cream were procured and submitted for bacteriological examinations.

The Ministry of Health Provisional Grading of Ice Cream is divided into four grades as follows:—

GRADE I the ice cream, after incubation, does not decolourise Methylene Blue in 4 hours.

GRADE II the ice cream, after incubation, decolourises Methylene Blue in 2 hours to 4 hours.

GRADE III the ice cream, after incubation, decolourises Methylene Blue in $\frac{1}{2}$ hour to 2 hours.

GRADE IV the ice cream, after incubation, decolourises Methylene Blue immediately.

Grades I and II are regarded as satisfactory; Grades III and IV as unsatisfactory.

The following table shows the gradings of the 179 samples taken:—

GRADE I	GRADE II	GRADE III	GRADE IV	TOTAL
67	71	26	15	179

Part VI
METEOROLOGY

METEOROLOGY
Records for the years 1933 to 1952 inclusive

YEAR	Temperature of the air				Bright Sunshine			Ozone (O3)	Rainfall				Humidity		Subsoil Water Level	
	Mean Temperature °F	Deviation from Normal °F	Absolute Extremes		Duration of Bright Sunshine (Hours)	Deviation from Normal (Hours)	Number of Sunless Days	Mean Daily Ozone (0-10)	Total Rainfall (inches)	Deviation from Normal (inches)	Number of Days with Rain	Duration of Measurable Rainfall (Hours)	Humidity of the Air at 9 a.m. (% of Saturation)	Deviation from Normal (% of Saturation)	Mean Level of Subsoil Water (inches). Distance below Well-mouth	Deviation from Normal (inches)
			Highest °F	Lowest °F												
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1933	50.0	+0.6	85	19	1618	+111	58	3.1	23.71	-9.46	161	440.0	81	-1	71.9	+4.1
1934	50.2	+0.8	88	23	1479	-28	69	3.7	30.70	-2.47	203	563.3	82	0	-	†
1935	49.8	+0.4	85	19	1573	+66	59	3.9	34.11	+0.94	200	626.1	81	-1	72.1	+4.3
1936	49.1	-0.3	84	22	1331	-176	64	3.6	33.89	+0.72	193	608.1	83	+1	66.6	-1.2
1937	49.1	-0.3	82	21	1344	-163	73	3.1	25.00	-8.17	172	469.2	83	+1	-	§
1938	50.4	+1.0	76	25	1477	-30	55	3.9	36.64	+3.47	201	485.8	80	-2	-	§
1939	49.6	+0.2	82	18	1484	-23	68	3.6	33.91	+0.74	186	555.1	81	-1	66.3	-1.5
1940	48.5	-0.9	83	7	1527	+20	74	3.6	31.69	-1.48	184	583.8	79	-3	70.3	+2.5
1941	48.6	-0.8	88	11	1424	-83	81	3.6	26.91	-6.26	175	528.3	80	-2	70.5	+2.7
1942	48.3	-1.1	78	18	1342	-165	73	3.6	31.30	-1.87	182	617.9	81	-1	73.5	+5.7
1943	49.9	+0.5	88	21	1665	+158	62	4.2	37.88	+4.71	199	614.0	81	-1	67.6	-0.2
1944	49.0	-0.4	78	21	1413	-94	70	3.9	35.41	+2.24	202	587.1	81	-1	68.0	+0.2
1945	50.3	+0.9	81	9	1508	+1	60	3.9	29.46	-3.71	181	446.9	81	1	67.6	-0.2
1946	48.9	-0.5	77	17	1537	+30	72	3.6	38.42	+5.25	194	623.9	80	-2	66.5	-1.3
1947	49.0	-0.4	86	14	1444	-63	77	††	30.40	-2.77	184	549.5	81	-1	65.1	-2.7
1948	50.0	+0.6	89	25	1511	+4	69	††	35.26	+2.09	191	521.7	80	-2	68.9	+1.1
1949	50.9	+1.5	83	24	1729	+222	58	††	30.24	+2.93	174	504.2	78	-4	72.3	+4.5
1950	49.1	-0.3	91	19	1556	+49	73	††	36.51	+3.34	204	577.0	79	-3	68.0	+0.2
1951	48.7	-0.7	76	23	1575	+67	63	††	39.83	+6.66	209	655.2	79	-3	63.3	-4.5
1952	48.5	-0.9	84	20	1544	+36	52	††	30.59	-2.58	190	539.6	79	-3	65.1	-2.7

† Well dry frequently. § Well dry at times. †† Observation ceased.

The information necessary to compile the above table was kindly provided by George A. Lidster, Esq., F.R.Met.S., Borough Meteorologist.

Part VII

PREVALENCE OF, AND CONTROL
OVER, INFECTIOUS AND OTHER
DISEASES

INFECTIOUS DISEASES (Table 1)
Classification of Cases notified during the year 1952

NOTIFIABLE DISEASE	NUMBER OF CASES NOTIFIED Ages in Years							TOTAL CASES NOTIFIED IN EACH WARD													Total No. of cases removed to Hospital			
	At all ages	Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 upwards	Central	Craven	Hesketh	Marine	Park	Scarisbrick	South	Sussex	Talbot	West	Birkdale East	Birkdale North		Birkdale South	Birkdale West	Ainsdale
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	213	—	65	142	4	2	—	—	13	12	33	17	15	27	17	24	11	6	7	16	7	3	5	—
Measles ...	345	19	208	109	6	2	—	1	23	14	78	28	32	8	24	10	11	17	17	26	20	10	27	—
German Measles ...	330	3	51	230	31	13	2	—	10	10	33	17	73	23	23	7	10	19	21	26	33	7	18	—
Chicken Pox ...	992	15	228	696	28	22	2	1	63	44	98	71	53	73	45	153	77	40	85	33	80	33	44	—
Whooping Cough ...	179	13	86	77	1	2	—	—	5	10	18	3	7	6	11	3	4	6	32	23	39	2	10	—
Pneumonia ...	51	—	9	5	3	4	17	13	2	5	1	5	4	3	2	4	1	3	2	3	4	2	10	—
Erysipelas ...	17	—	—	—	1	5	6	5	—	—	2	1	1	2	—	—	4	—	1	—	3	—	3	—
Dysentery ...	9	—	2	3	2	1	1	—	—	2	—	3	—	1	1	—	—	—	—	—	—	2	—	—
Meningococcal Infection ...	4	1	2	—	1	—	—	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis ...	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ...	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever ...	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
	2143	51	652	1262	79	51	28	20	117	100	265	146	185	143	123	201	118	91	165	127	186	57	119	130

INFECTIOUS DISEASES (Table 2)

Number of Notified Cases and number of Deaths for the years 1943 to 1952 inclusive

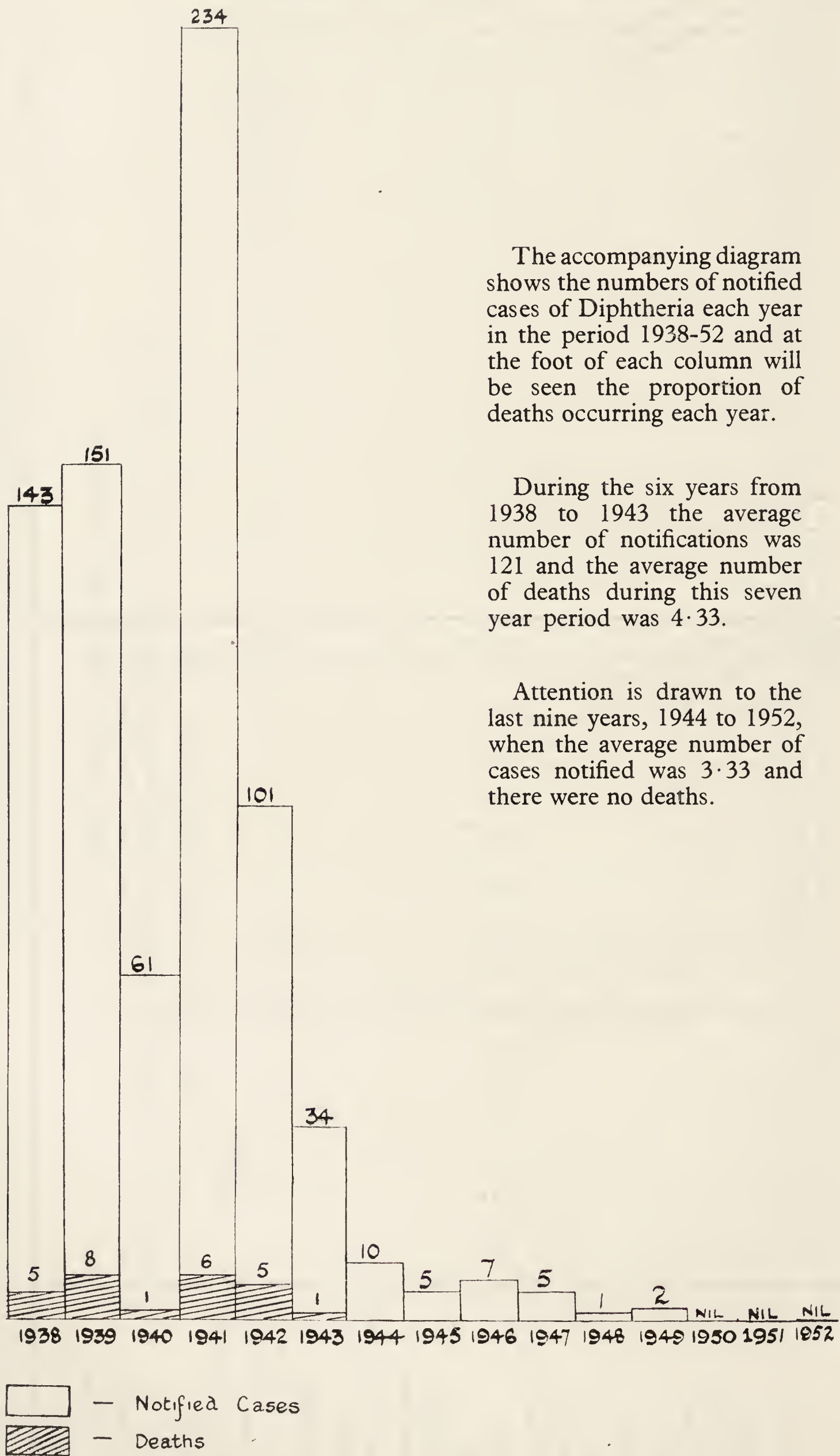
	NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED											DEATHS FROM INFECTIOUS DISEASE											Case Mortality (of all cases) in Borough and Isolation Hosp. for 10 years 1943—1952
	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	Total Cases for 10 years 1943to 1952	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	Total Deaths during 10 years 1943 to 1952	
Pneumonia ...	109	61	81	78	93	82	70	46	69	51	740	39	32	31	27	23	31	31	40	51	38	343	46·35%
Food Poisoning ...	—	—	—	—	—	—	1	23	4	—	28	—	—	—	—	—	—	—	1	—	—	1	3·57%
Scarlet Fever ...	151	140	93	62	167	210	125	167	94	213	1422	1	—	—	—	—	—	—	—	—	—	1	0·07%
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	34	10	5	7	5	1	2	—	—	—	64	1	—	—	—	—	—	—	—	—	—	1	1·56%
Typhus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever ...	—	—	—	—	—	—	2	—	—	1	3	—	—	1	—	—	—	1	—	—	—	2	66·66%
Para-Typhoid Fever ...	1	—	—	2	—	—	6	2	1	—	12	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	25	28	26	32	25	33	34	24	15	17	259	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ...	—	—	—	—	—	—	1	1	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ...	10	5	10	—	2	—	2	2	2	1	34	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection...	1	1	4	4	4	—	1	3	4	4	26	1	1	2	—	1	—	—	1	—	—	6	23·08%
Poliomyelitis ...	—	—	—	4	8	3	1	2	2	1	21	—	—	—	1	1	2	—	—	—	—	4	19·05%
Polioencephalitis ...	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis...	52	63	69	56	62	51	58	68	77	71	627	43	27	36	31	39	27	26	15	22	12	278	44·34%
Other Forms of T'bercul's	51	26	26	16	22	17	13	16	13	13	213	9	6	5	3	5	3	5	5	5	6	52	24·41%
Ophthalmia Neonatorum	2	2	3	3	1	—	—	1	—	—	12	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox* ...	414	326	274	598	234	506	543	345	295	992	4527	—	—	—	—	—	—	—	—	—	—	—	—
Measles* ...	742	741	546	228	1000	788	896	595	1272	345	7153	2	3	1	—	2	1	2	—	1	—	12	0·17%
German Measles ...	157	230	52	83	462	161	55	45	76	330	1651	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough*	368	301	278	76	500	457	277	352	192	179	2980	4	1	2	—	1	1	1	2	—	1	13	0·44%
Encephalitis ...	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—

The following additional notifications were received during 1952—Dysentery 9.

* Chicken Pox, Measles and Whooping Cough were made compulsorily notifiable in Southport in May, 1902, and Cerebro-Spinal Meningitis, Poliomyelitis and Ophthalmia Neonatorum in February, 1912. Measles, German Measles and Whooping Cough:—Only the first case in a house in two months is notifiable.

DIPHTHERIA

Number of notified cases and number of deaths
during years 1938 to 1952 inclusive



The accompanying diagram shows the numbers of notified cases of Diphtheria each year in the period 1938-52 and at the foot of each column will be seen the proportion of deaths occurring each year.

During the six years from 1938 to 1943 the average number of notifications was 121 and the average number of deaths during this seven year period was 4.33.

Attention is drawn to the last nine years, 1944 to 1952, when the average number of cases notified was 3.33 and there were no deaths.

INFECTIOUS AND OTHER DISEASES

General—The town was fortunate during the year in remaining free from any major outbreak of serious infectious disease. Many factors contributed to this satisfactory situation, among them the increasing efforts to apply effective preventive measures to avoid the spread of infection from a notified case and the encouragement of immunisation against such diseases as diphtheria.

It would be quite wrong, however, to be complacent about the position since a great deal remains to be done in this field. Even where, as for example, in food poisoning, effective preventive measures are known, it is often exceedingly difficult to get satisfactory co-operation from everyone concerned. Education in simple hygiene is of the utmost importance.

Diphtheria—No cases of diphtheria occurred during the year in the town. This is the third successive year in which there have been no cases and represents a tremendous tribute to the efficacy of immunisation against this infection. It is important that the absence of cases should not be taken by parents as a sign that immunisation is no longer necessary.

Scarlet Fever—213 cases were notified during the period and of these 62 were admitted to the Isolation Hospital. The majority of the cases were not seriously ill but were admitted to hospital because circumstances at home or at work rendered the strict isolation of the case advisable as a preventive measure.

Chicken Pox—992 cases were notified as compared with 798 in the previous year. Twelve of these were removed to the Isolation Hospital when circumstances did not allow for adequate isolation elsewhere.

Erysipelas—17 cases of this disease were notified; one was admitted to hospital. Modern treatment with the various sulpha drugs and antibiotics has rendered admission to hospital in many cases unnecessary.

Measles—345 cases of this disease were notified and 35 were treated in hospital, either on account of the severity of the disease or because adequate facilities for isolation elsewhere were not available.

Whooping Cough—179 cases were notified and 7 were admitted to the Fever Hospital.

Typhoid Fever—One case of this infection was admitted to New Hall Hospital and did well. The source of this isolated case was not discovered.

Dysentery—9 cases of dysentery were notified during the year as against 155 in 1951; two only required to be nursed in hospital.

Gastro-Enteritis—There were several of these cases in babies and young children. Five were nursed in New Hall Hospital.

This disease is a particularly dangerous one to babies, and mothers require to be frequently reminded of the need to maintain a high standard of hygiene. This educational province is shared by the family doctor and the Local Health Authority's Maternity and Child Welfare Service.

Acute Anterior Poliomyelitis—One case was notified. The child made a satisfactory recovery.

TUBERCULOSIS

New Cases and Mortality—The number of new cases of tuberculosis which came to the notice of the department during the year was 84. Of these, 71 were found to be suffering from pulmonary disease and 13 from non-pulmonary disease. The following table shows the age and sex of these patients together with information regarding the number of persons who died of tuberculosis during the year.

Age Periods (in years)					New Cases				Deaths			
					Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
					M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	...	...	...	...	—	—	—	—	—	—	—	—
1 to 5	...	...	...	...	1	1	2	—	—	—	1	1
5 to 15	...	...	...	...	—	3	1	2	—	—	—	—
15 to 25	...	...	...	...	6	6	—	1	—	—	—	—
25 to 45	...	...	...	...	15	15	—	1	3	1	2	—
45 to 65	...	...	...	...	16	4	1	3	6	—	2	—
65 to 75	...	...	...	...	3	1	1	—	2	—	—	—
75 and over	...	...	...	...	—	—	—	1	—	—	—	—
TOTALS ...					41	30	5	8	11	1	5	1

Treatment Clinic—The 84 new cases came to the notice of the Department in the following ways:—

(a) By primary notifications	...	...	...	...	...	63
(b) By transfer from other areas	...	...	...	...	...	19
(c) From Death Returns	...	...	...	...	...	2
Total						84
						—

All the cases for whom primary notifications were received and all patients transferred from other areas were seen at the Treatment Clinic which is held at the Southport Infirmary. The total number of cases on the Clinic Register at the end of 1952 was 559 and 53 of these patients were found to have sputum containing tubercle bacilli. During the year, 53 Treatment Clinics were held and 913 visits were made by patients; the total number of x-ray examinations of patients was 938.

It should be mentioned that the Southport and District Hospital Management Committee are responsible for the organisation and administration of the Tuberculosis Treatment Clinics.

Contact Clinic—The local Health Authority is responsible for the Contact Clinic and this is also held at the Southport Infirmary by arrangement with the Hospital Management Committee.

During the year, 51 clinics were held and 514 attendances were made by contacts of patients; the total number of x-ray examinations of contacts was 579. Six contacts were found to be suffering from pulmonary tuberculosis in 1952.

B.C.G. Vaccination—It became possible in April, 1951, to introduce vaccination against tuberculosis using a special vaccine prepared abroad and named after the French scientists, Calmette and Guerin. It can be used at present within certain limitations imposed by the Ministry of Health and under controlled conditions.

This form of inoculation is the same in principle as for instance small-pox vaccination—namely to produce in the human body an artificially acquired resistance to the disease by infecting its causal organism in a form which does not cause active development of the disease itself. It is not yet certain that B.C.G. vaccination gives complete immunity against tuberculosis and only experience will show how far it is effective under the conditions obtaining in this country. There is little doubt that at least it reduces the risks and there is some evidence that if a vaccinated person does subsequently contract tuberculosis the vaccination is likely to make it less severe. Abroad, particularly in the Scandinavian countries, B.C.G. vaccination is being widely used with reported success in combating tuberculosis. At home, it is now offered to those at special risk, particularly child contacts of a known tuberculous person. Not all such children require to be protected in this way since some have already developed resistance to tuberculosis when first examined. It is possible to differentiate between those with little or no resistance and those with acquired immunity, by means of a skin test called the Mantoux Test. It is advisable that those persons reacting negatively to the Mantoux Test should be vaccinated with B.C.G. vaccine. Certain other groups of individuals at special risk as regards tuberculosis, e.g., medical students and nurses are offered this form of protection through the hospital services, but it is not yet available generally for members of the public.

(1) The total number of persons vaccinated during the year 1952 is shown below:—							
(a)	At B.C.G. Clinics	...	...	...	...	...	44
(b)	Babies seen by Paediatrician	...	...	...	...	...	6
TOTAL							50
(c) Total number vaccinated since scheme commenced in April, 1951							
	...	...	...	...	...	...	152
(2)	Number of B.C.G. Clinics held during 1952	...	...	...	...	...	6
	Number of attendances made by contacts	...	...	...	...	...	44
	Number of Mantoux and patch tests done during 1952	...	...	...	...	...	222
	Number of sessions by Tuberculosis Visitor at B.C.G. Clinic	...	...	...	...	...	6

Housing—The Points Scheme which is used for the purpose of selecting tenants for Corporation houses, makes special provision for tuberculous patients. Additional points are awarded when either the applicant or his wife, or any of their children are known to be suffering from infectious tuberculosis and this concession is of benefit to those cases where improved housing accommodation is desirable for the patient and his family.

During 1952, four cases were referred to the Housing Department with a recommendation that alternative accommodation would be helpful. Two of these cases were re-housed and two other cases who had been referred in 1951 were also found accommodation.

Domiciliary Visiting—A Health Visitor with special qualifications is employed by the Local Health Authority for the purpose of visiting cases in their own homes to give help and advice to patients and their families. The following table shows the number of visits made by the Tuberculosis Visitor during the year:—

To Patients:—	1st Visits	...	...	...	...	...	61
	Re-Visits	...	...	...	...	...	1443
To Contacts:—	1st Visits	...	...	...	...	...	257
	Re-Visits	...	...	...	...	...	977
Total number of Visits							2738

In addition, the Health Visitor also attends at the Tuberculosis Treatment and Contact Clinics and this arrangement is very satisfactory as it provides a useful link between the Hospital Service and the Local Health Authority's Service.

During 1952, the Health Visitors made 190 attendances at the Tuberculosis Treatment and Contact Clinics.

Further details concerning the Tuberculosis Service are contained in Section 11 of the Special Survey Report.

VENEREAL DISEASES

At the end of the year 1952, 96 patients were under treatment at the clinic as compared with 107 patients in 1951.

The new cases dealt with during the year were classified as follows:—

				Male	Female	Total
(1)	Syphilis	...	...	3	12	15
(2)	Gonorrhoea	...	...	8	1	9
(3)	Non-Venereal Infections	...	...	53	18	71
				<hr/>		
				64	31	95
(4)	Cases transferred from other clinics—					
(a)	Syphilis	...	...	1	—	1
(b)	Gonorrhoea	...	...	—	—	—
(c)	Observations	...	...	—	—	—
				<hr/>		
				65	31	96
				<hr/>		

Part VIII

SCHOOL HEALTH SERVICE

(The Forty-fourth Annual Report
of the School Medical Officer)

EDUCATION COMMITTEE

The Mayor (Councillor A. C. BRETT, J.P.)
Alderman W. TATTERSALL (*Chairman*)
Councillor G. B. WOOLFENDEN (*Vice-Chairman*)
Alderman T. BALL, J.P.
Alderman P. CARTER
Alderman F. WORSWICK
Councillor W. BERWICK
Councillor H. CARR
Councillor R. A. C. GREAVES
Councillor R. E. HINDS
Councillor R. LLOYD
Councillor D. MACNICOL
Councillor W. PAULDEN
Councillor Mrs. E. SMITH
Mr. J. E. MARSHALL
Mr. A. LOVERIDGE
Mr. S. W. EXWORTHY
The Rev. A. DIXON
The Rev. FLETCHER FLEET
The Very Rev. Dean J. FRANCIS

Representatives on Joint Health and Education Sub-Committee

Chairman: Alderman BALL
Vice-Chairman: Alderman WORSWICK
Councillor GREAVES

SCHOOL HEALTH SERVICE

In September, 1952, Dr. Fitzgerald retired from the post as School Medical Officer. He had held this position for 18 years and prior to this he had acted as Assistant and then Deputy School Medical Officer for a total of 14 years.

The number of children attending Local Authority Schools in Southport in 1952 was 9,027. Of this number 6,075 were in Primary Schools and 2,952 attended the Technical, Grammar and Secondary Modern Schools.

On a visit to a present day school one is impressed by the cleanliness and sense of well-being of the children. How different from 1921 when it is recorded that out of every 1,000 children, 8·2 had skin diseases, 44·4 defective hearing, 37·2 defective vision and squint, and 91·1 suffered from nits. The figures in 1952 are only a fraction of these.

Routine Medical Inspection—The arrangements for Routine Medical Inspection ensure that all children are seen at least three times during their school life:—

- (1) Every pupil admitted for the first time to a maintained school is inspected as soon as possible after admission.
- (2) Every pupil attending a maintained primary school is inspected during the last year of his attendance at that school.
- (3) Every pupil attending a maintained secondary school is inspected during the last full year of his attendance at that school.

During 1952, routine visits for inspection were paid to all the schools in the area. The three main age groups—new entrants, junior leavers and senior leavers—were examined. In addition, all other children were examined by the School Nurses. This examination is a complete survey, including sight testing, and takes place prior to the visit of the School Medical Officer. The School Nurse is helped by the teachers and heads of the schools, who may bring to their notice children who have had poor school attendance and ill-health. Any such child thought by the Nurse to suffer from any defect is later examined by the School Medical Officer. During the year, 1,397 such special examinations were made. A visit was made by the Mass Radiography Unit to the High School and the Grammar School and the pupils who were leaving school were x-rayed.

The number of Routine Medical Inspections carried out were:—

PRIMARY SCHOOLS:—

Entrants	...	...	...	...	...	...	...	1160
Leavers	...	...	...	...	...	...	...	863

SECONDARY AND GRAMMAR SCHOOLS:—

Leavers	839
---------	-----	-----	-----	-----	-----	-----	-----	-----

Attendance at Examination—Parents are invited to attend at the School Inspection and are notified of the time and place. The examination is very much more useful if someone is at hand to give an accurate history of the child.

The number of parents attending varies from year to year.

Percentage Attendance of Parents at Examination:—

								1951	1952
PRIMARY SCHOOLS:—								%	%
Entrants	...	...	...	...	...	...	...	74·1	66·9
Leavers	...	...	...	...	...	...	...	32·1	38·1
SECONDARY AND GRAMMAR SCHOOLS:—									
Leavers	...	...	...	...	...	...	...	5·1	5·0

Refusal of Examination—Only three parents were unwilling to have their children examined in school. It was later explained that this is compulsory under the Education Act, 1944, and no further objection was raised.

Findings at Routine Medical Inspections

Nutrition—The nutritional state of the school children is fairly satisfactory. This is shown by the fact that only 2·34% of the children were of poor nutrition. Children of this group are kept under supervision and treatment obtained to improve the condition. In some cases free meals are recommended.

The following table gives the figures for this year, with those of the past three years for comparison:—

Year	Children examined during the year	A Good %	B Fair %	C Poor %
1949	2,903	25·73	71·03	3·24
1950	2,593	27·96	70·20	1·85
1951	2,912	32·73	64·10	3·15
1952	2,862	49·08	48·5	2·34

Schools Meals and Milk—The number of children taking school meals has again shown an increase. Free meals were supplied to 450 children in 1952; the reason for such recommendation being either poor nutrition of the child or financial difficulties at home due to illness or unemployment.

Below are given the numbers of children receiving milk and/or meals in one day in October, 1952, with the four previous years for comparison:—

Year	Dinners				Milk			
1948	4,212	...	...	...	7,414
1949	4,023	...	...	...	7,065
1950	4,593	...	...	...	6,910
1951	4,862	...	...	...	7,028
1952	5,429	...	...	...	7,160

Cleanliness, Clothing and Footwear

Only in a very few cases are children in school badly clothed and it is only very rarely that their footwear gives cause for concern.

The School Nurses continue to supervise closely the condition of the children's hair. The Nurses visit each school as soon as possible after the start of term. Verminous children are excluded until they are clean. Those with nits only, take notices home to their parents advising how best the head should be cleaned. These children are re-examined each 2-3 days until they are clean.

The Nurses paid 5·4 visits per school to carry out head inspections. They made 6,966 primary examinations and 16,113 re-examinations of children who are known to be likely to be re-infested. 129 children were excluded because of uncleanness, a small decrease since last year.

A more detailed list of the state of each school is included in the statistical tables at the end of the report.

Smallpox Vaccination—The number of children vaccinated continues to fall and is now 31·1%. This low number would cause concern should an outbreak occur in the town.

Diphtheria Immunisation—In contrast we can continue to be proud, although not complacent, about our rate of immunisation. 95% of the children attending Local Authority Schools are immunised. Most school children have also had a re-inforcing dose of the prophylactic.

Defects found at Routine Medical Inspection—Detailed lists of defects found at Inspection are given in statistical tables at the end of this Report.

Some of the defects found do not necessarily require treatment but only supervision and observation. Below are the numbers found to require treatment:—

	Entrants	Primary Leavers	Secondary and Grammar School Leavers	Totals
No. of Children examined	1160	863	839	2862
No. of Children requiring treatment	211	103	94	408
Percentage requiring treatment	18·2	11·3	11·2	14·3

Handicapped Pupils—Ascertainment of handicapped pupils has continued throughout the year. These are the children who, by reason of physical or mental handicap, are unable to benefit from the education provided in an ordinary school. The greatest need in this area is some accommodation for the educationally sub-normal child. Many have been examined and many recommendations made, but in few cases is it possible to carry out these recommendations. Most residential schools are full to capacity and naturally very expensive. These children can be taught to read and write but only if taught in very small groups away from the competition and frustrations they meet with in ordinary schools. Such frustrations may well be the reason for the frequent appearance of such children in the juvenile court.

A physical handicap wins more sympathy than a mental one and it is not so difficult to find suitable educational facilities for the physically handicapped child. In many cases it is possible for such a child to attend ordinary school. Examples of this are partially deaf children who can use a hearing aid in school, or the cripple child who requires transport to school. Other children are not fit to attend for a whole day and for them a class is held in Linaker Street School. The six children attending this class are severe heart cases or severely crippled children. Three children are not even fit to attend this class and for them home tuition has been arranged. These children look forward eagerly to their lessons and suprisingly quickly learn to read and count. It is easy to imagine what this means to a bed-ridden child.

Residential schools can provide educational training for exceptional types of physical handicap. Some of the schools are near to Southport but a few cases have had to go some distance away. In all cases the parents are most appreciative of the training given to their children and grateful to the Authority for the help given to them.

A table giving details of handicapped children is included in the statistical tables.

Arrangements for Treatment

All the clinics are held at the Central Clinic at 2 Church Street, and the weekly time-table is as follows:—

DAY	TIME	CLINIC	
Monday ...	9.30 a.m. to 12 noon ...	Dressings Clinic	2 Nurses
	9.30 a.m.	*Ear, Nose and Throat Clinic ...	{ 1 Doctor 1 Nurse
	2 p.m. to 4 p.m. ...	Doctors' Minor Ailment Clinic ...	{ 2 Doctors 3 Nurses
Tuesday ...	9.30 a.m. to 12 noon ...	Dressings Clinic	1 Nurse
	9 a.m.	*Eye Clinic	{ 1 Doctor 1 Nurse
	2 p.m. to 4 p.m. ...	Dressings Clinic	1 Nurse
	2 p.m.	*Eye Clinic	{ 1 Doctor 1 Nurse
Wednesday	9.30 a.m. to 12 noon ...	Dressings Clinic	2 Nurses
	2 p.m. to 4 p.m. ...	Dressings Clinic	1 Nurse
	3 p.m. to 4 p.m. ...	Sunlight Clinic	2 Nurses
Thursday	9.30 a.m. to 12 noon ...	Dressings Clinic	2 Nurses
	2 p.m. to 4 p.m. ...	Skin Clinic	{ 1 Doctor 4 Nurses
Friday ...	9.30 a.m. to 12 noon ...	Dressings Clinic	2 Nurses
	2 p.m. to 4 p.m. ...	Dressings Clinic	1 Nurse
		Immunisation	1 Nurse
	3 p.m. to 4 p.m. ...	Sunlight	2 Nurses
Saturday ...	9 a.m. to 12 noon ...	Dressings Clinic	2 Nurses

* By Appointment only.

Dental Clinics are held daily by two dentists.

There can be little doubt as to the usefulness of the Clinics when the list of attendances is studied.

CLINIC	Attendances	
	1951	1952
Nurses' Treatment Clinic	7904	8130
Minor Ailment Clinic	2424	2405
Skin Clinic	1260	1185
Tonsils and Adenoids Clinic	304	316
Tonsils and Adenoids (Promenade Hospital)	158	243
Ophthalmic Clinic	1394	1658
Artificial Sunlight Clinic... ..	1073	1669
Aural Clinic	1162	733
Dental Clinic	6282	6636
Immunisation Clinic (complete course—59 in 1952, 57 in 1951)	175	209
Immunisation Clinic (re-inforcing dose)	242	279
TOTAL NUMBER OF ATTENDANCES	22378	23463

Nurses' Treatment Clinic—The Clinic is open each day from 9.30 a.m. to 5.30 p.m. and an attempt is made to spread the work over the day and to reduce waiting time in the clinic and also time lost from school. Children absent from school and children from junior schools attend for treatment in the morning, while those from senior schools come in the afternoon; grammar school, high school and technical school students attend after school hours.

Minor Ailment Clinic—Cases seen here may be referred to the family doctor or to hospital with his knowledge and consent. The clinic is also used for supervision and observation of children with defects found at Routine Medical Inspection.

The numbers attending clinic continue to be high; this year 2,405. 73 cases were referred to Southport Infirmary, 2 to the Royal Liverpool Children's Hospital, 4 to the Royal Southern Hospital and 1 to Alder Hey Children's Hospital.

Skin Clinic—Dr. Bardsley attends at one weekly specialist clinic. Most cases are seen in the early stages and a wide variety is seen. During the year, 1,185 attendances were made.

Eye Clinic—This is a valuable and much appreciated clinic. Two eye clinics are held weekly by Mr. Rankine and this is a service which is greatly liked by parents. They know that the school nurses test the vision of each child over the age of 8 years and that advice may be obtained on any abnormality, however slight. Parents realise also that the school nurses know which children ought to wear spectacles in school and that they can ask for the co-operation of the school teacher if they feel that this treatment is not being carried out.

91 specialist clinics were held during the year, 330 new cases were examined and 570 were seen for supervision and revision of their spectacles. 31 cases were referred for further treatment at the Southport Infirmary. Most of these were cases of squint.

Ear, Nose and Throat Clinic—Mr. Tracy-Forster continues to hold a clinic each week for school children. Cases are referred to him from the Minor Ailment Clinic, Routine Medical Inspection, and also from General Practitioners.

Ear cases especially are being seen in the very early stages and the effectiveness of modern therapy and the follow-up system for these cases is reflected in the small number of cases of gross otorrhoea in the present school population.

In most cases treatment is given by the school nurses, but if an operation is required children are admitted to the Ear, Nose and Throat ward at the Promenade Hospital.

In 1952, 364 new cases were examined and 113 attended for observation of progress from previous years. 243 cases were admitted to Hospital for the removal of tonsils and/or adenoids.

Artificial Sunlight—Because of the installation of a new Ultra-Violet Light lamp last year we have been able to treat more cases in 1952 than previously. Children attending were referred by the Chest Clinic, Paediatric Clinic, Minor Ailments Clinic and from Routine Medical Inspections.

73 school children were treated along with 22 children under 5 years old; these 95 children made a total of 1669 attendances.

Tuberculosis—6 new cases were notified in 1952, as under:—

Pulmonary ...	...	...	...	...	...	...	...	3
Meningitis ...	...	...	...	...	...	...	...	2
Cervical Adenitis ...	...	...	...	...	...	...	...	1

There is a good liaison between the School Health Service and the Hospital Service so that there is an adequate exchange of information regarding contacts of the disease.

Speech Therapy—Treatment for defective speech is given at the North-West School of Speech and Drama by arrangement with the Local Authority and it has now been arranged that 2 sessions should be held each week.

42 children attended classes; of these the reasons for the defects in speech were:—

Cleft Palate	...	...	...	...	...	...	...	5
Dyslalia	...	...	...	...	...	...	...	3
Stammering	...	...	...	...	...	...	...	13
Slow and Abnormal Speech Development	...	...	...	...	...	...	...	19
Lisp	...	...	...	...	...	...	...	2

Total attendances at the school were 747.

This service is greatly appreciated by the parents, as a speech defect is an obvious one and a great handicap in later life.

Orthopaedic Cases—A physiotherapist was appointed in January, 1953, so that it has been possible to resume treatment of minor orthopaedic defects. Cases are also referred to the Promenade Hospital for opinion and advice.

Child Guidance—Children requiring treatment are usually referred to the Notre Dame Child Guidance Clinic or the Psychiatric Clinic at Alder Hey Hospital. These children are brought to the notice of the School Medical Officers, either by the school teachers or parents at the Minor Ailments Clinic, or Routine Medical Inspection. Some cases are also referred by the Probation Officer and by the Children's Officer. The number of cases referred in 1952 was 14.

Infectious Diseases—There was a big increase in the number of cases of scarlet fever. The cases were mainly mild ones and few required hospital treatment. There was a big increase, too, in the number of cases of German measles (Rubella) which, in most cases, was so mild that indisposition was only apparent for one or two days.

There were again no cases of diphtheria.

Notifications were as follows, with figures for 1951 for comparison:—

	1951	1952
Measles	625	52
Rubella	34	195
Scarlet Fever	60	147
Chicken Pox	465	623
Diphtheria	—	—
Whooping Cough	69	59
Tuberculosis	4	6

Miscellaneous School Medical Work

Examination of Boarded-Out Children	...	...	...	...	39
„ for Scholarships	...	...	...	...	63
„ „ Institutions	...	...	...	...	12
„ „ Children's Sanatorium	...	...	...	...	1
Entertainments	...	...	...	...	8
Admission to Residential Nursery	...	...	...	...	44
Admission to Children's Homes, Eversley House, and 53 Scarisbrick New Road	...	...	...	...	31
Children notified to the Local Mental Deficiency Authority	...	...	...	...	4
Employment Examinations	...	...	...	...	7

Home Visits by School Nurses

Follow-Up—R.M.I.	...	...	...	...	117
On account of Illness	...	...	...	...	428
To Infectious Cases	...	...	...	...	47
To Infectious Contacts	...	...	...	...	100
Re-Immunisations	...	...	...	...	664

SENIOR DENTAL OFFICER'S REPORT, 1952

The authorised professional establishment of one Senior Dental Officer and one Assistant Dental Officer has been maintained, and the school population is numbered at 9,027. Mr. Highton retired on the 31st March, and Mr. Rothwell was appointed Assistant Dental Officer on 16th April, commencing duty on 23rd April.

Owing to the illness of Mr. Highton and the size of the authorised establishment, the period between inspection and re-inspection of the schools has increased to 20 months.

The immediate concern of the department is to reduce this period to 12 months or less, and at the same time allow for the selection and treatment of those children who are unfortunate in having dentitions which are subject to rapid decay. Appointments are arranged for such children to attend at intervals which meet their individual needs. In extreme cases a monthly examination is made and treatment given if necessary. The low figure of 16 root treatments would appear to indicate that this policy is a sound one.

Every effort is made to give dental treatment where necessary to children under 5 years of age, and to give guidance in dental matters to their parents. Pain and dental sepsis are unknown to such children, many of whom might be expected, if untreated, to become edentulous at an early age, a condition leading to underdevelopment of the jaws and malformation of the permanent dentition. The preservation of the temporary dentition for the normal period is considered to be the foundation of an enlightened and progressive dental service. The time and patience given to this end bring much reward which cannot easily be assessed in figures, though those set out in the appended table are most encouraging.

During the year, an orthodontic service has been commenced, 13 appliances have been constructed and 5 cases have been successfully completed. The operation of frenectomy has been performed for 13 patients with excellent results. The orthodontic service will be extended when it is possible to visit all the schools within the twelve months' period and to offer treatment to those children whose teeth require attention.

A modern dental unit has been installed in Surgery No. 1 and application has been made for a similar dental unit with x-ray attachment for installation in Surgery No. 2. Plans have been drawn up for the creation of a third dental surgery and the appointment of a third dental officer is to be considered.

Ratio of Teeth Saved compared with Teeth Extracted

Year	Temp. teeth Filled	Temp. teeth extracted (Unsaveable)	Ratio	Perm. teeth Filled	Perm. teeth Extracted (Unsaveable)	Ratio
1950	938	2675	·35	1552	337	4·60
1952	1526	2027	·75	2507	361	6·94

Children under 5 years

Date	Attendances	% Increase Attendances	Teeth Filled	% Increase Attendances
1950	241	95%	55	233%
1952	471		183	

STATISTICAL TABLES

TABLE I

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PRIMARY,
SECONDARY AND GRAMMAR SCHOOLS
Year ended 31st December, 1952
A—Routine Medical Inspections

Number of Inspections in the prescribed Groups:—									
Entrants	...	...	...	...	...	...	...	...	1160
Primary Leavers	...	...	...	...	...	...	...	...	863
Secondary and Grammar Leavers	...	...	...	...	...	...	...	...	839
TOTAL									2862
Number of Routine Inspections									
<i>B—Other Inspections</i>									
Number of Special Inspections	...	...	...	...	...	...	...	...	1397
Number of Re-Inspections	...	...	...	...	...	...	...	...	3590
TOTAL									4987

C—Children found to Require Treatment

Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

						For defective Vision (excluding squint)	For all other conditions recorded in Table IIa	Total
Prescribed Groups:—								
Entrants	...	...	...	...	...	4	207	211
Primary Leavers	...	...	...	...	...	31	72	103
Secondary and Grammar Leavers	...	...	...	...	...	25	69	94
Total (Prescribed Groups)	...	...	...	...	...	60	348	408
Other Routine Inspections	...	...	...	...	...	—	—	—
TOTALS						60	348	408

TABLE II

A—Return of Defects found by Medical Inspection in the year ended 31st December, 1952

DEFECT OR DISEASE				Routine Inspections		Special Inspections	
				Number of Defects		Number of Defects	
				Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring Treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)			
SKIN:—							
Ringworm: Scalp	...	...	—	—	—	—	—
do. Body	...	...	—	—	—	—	—
Scabies	...	...	—	—	—	3	—
Impetigo	...	...	1	—	21	—	—
Other Diseases (non-T.B.)	...	...	29	3	258	8	—

(continued opposite)

DEFECT OR DISEASE	Routine Inspections		Special Inspections	
	Number of Defects		Number of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring Treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
EYE:—				
Blepharitis	4	1	10	1
Conjunctivitis	—	—	10	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Other Conditions (excluding Defective Vision and Squint)... ..	4	2	31	7
Defective Vision (excluding Squint)	60	6	36	2
Squint	7	2	11	1
EAR:—				
Defective Hearing	4	—	6	1
Otitis Media	2	2	3	—
Other Ear Diseases	4	—	35	4
NOSE AND THROAT:—				
Chronic Tonsillitis only	28	8	51	20
Adenoids only	8	—	3	2
Chronic Tonsillitis and Adenoids	6	12	14	2
Other Conditions	54	11	69	21
Enlarged Cervical Glands (Non-T.B.)	8	11	9	2
Defective Speech	9	5	11	5
HEART AND CIRCULATION:—				
HEART DISEASE:—				
Organic	2	1	2	1
Functional	—	—	—	—
Anaemia	3	—	2	—
LUNGS:—				
Bronchitis	2	3	8	3
Other Non-Tuberculous Diseases	11	4	9	2
TUBERCULOSIS:—				
Pulmonary:—Definite	—	—	—	—
Suspected	1	—	1	—
Non-Pulmonary:—Glands	—	—	1	1
Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms	1	—	—	—
NERVOUS SYSTEM:—				
Epilepsy	—	1	—	1
Chorea	—	—	—	—
Other Conditions	1	1	1	1
ORTHOPAEDIC:—				
Posture	6	10	8	5
Flat Foot	58	10	21	9
Other Forms	35	11	66	14
DEVELOPMENTAL:—				
Hernia	2	15	3	2
Other	—	6	—	—
PSYCHOLOGICAL:—				
Development	—	1	22	3
Stability	2	1	1	—
Other Diseases and Defects (excluding Uncleanliness and Dental Diseases)	63	19	437	162
TOTALS	408	146	1163	280

B—Classification of the General Condition of Pupils Inspected during the year in the Routine Age Groups

AGE GROUPS	Number of Pupils Inspected	A Good		B Fair		C Poor	
		No.	%	No.	%	No.	%
Entrants	1160	661	57·0	466	40·2	33	2·8
Primary Leavers	863	371	43·0	467	54·1	25	2·9
Secondary and Grammar Leavers	839	373	44·5	457	54·4	9	1·1
Other Routine Inspections ...	—	—	—	—	—	—	—
TOTALS	2862	1405	49·1	1390	48·6	67	2·3

TABLE III
INFESTATION WITH VERMIN

(i)	Total Number of Examinations in the schools by the School Nurses	...	23079
(ii)	Total Number of Individual Pupils Examined	... ..	6966
(iii)	Total Number of Individual Pupils found to be infested	... ..	85
(iv)	Number of Individual Pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	... ..	—
(v)	Number of Individual Pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	... ..	—
(vi)	Number of Cases in which legal proceedings were taken under the Education Act, 1944	... ..	—

TABLE IV—CLEANLINESS INSPECTIONS
CONDITION OF CHILDREN IN DECEMBER, 1952

SCHOOL	Dept.	Boys			Girls		
		Clean	Nits	Vermin	Clean	Nits	Vermin
		%	%	%	%	%	%
All Saints C.E.	Mixed	100·	—	—	95·92	4·08	—
” ” ” ”	Infants	100·	—	—	97·43	2·57	—
Ainsdale C.E.	Mixed	100·	—	—	100·	—	—
” R.C.	”	100·	—	—	100·	—	—
Birkdale Mod. Sec. ...	”	100·	—	—	97·06	2·94	—
Birkdale Council ...	”	96·85	3·15	—	92·11	3·37	4·52
” ” ” ”	Infants	97·81	2·19	—	98·88	1·12	—
Christ Church C.E. ...	Boys	100·	—	—	—	—	—
Churchtown Council ...	Mixed	100·	—	—	99·49	0·51	—
” ” ” ”	Infants	100·	—	—	100·	—	—
Crossens C.E.	Mixed	99·38	0·62	—	99·36	0·64	—
” Nursery	Infants	100·	—	—	100·	—	—
Dean Cooke R.C.	Mixed	98·65	1·35	—	98·15	1·85	—
Emmanuel C.E.... ...	Infants	100·	—	—	98·55	1·45	—
Farnborough Road ...	Mixed	99·26	0·74	—	99·08	·92	—
” ” ” ”	Infants	100·	—	—	98·79	1·21	—
Holy Trinity C.E. ...	Mixed	100·	—	—	99·45	—	·55
Linaker Street	Infants	100·	—	—	98·57	1·43	—
” ” ” ”	Junior	98·94	—	1·06	98·89	1·11	—
Meols Cop Mod. Sec. ...	Girls	—	—	—	99·39	·61	—
” ” ” ”	Boys	99·35	·65	—	—	—	—
Norwood Road Council	Mixed	98·84	1·16	—	96·95	3·05	—
” ” ” ”	Infants	100·	—	—	100·	—	—
Our Lady of Lourdes ...	Senior	98·71	1·29	—	95·24	4·76	—
” ” ” ”	Junior	100·	—	—	98·84	1·16	—
St. Marie’s R.C.... ...	Mixed	100·	—	—	98·24	—	1·76
St. Philip’s C.E.... ...	”	100·	—	—	100·	—	—
S.S. Simon and Jude’s ...	”	100·	—	—	99·27	·73	—
St. Teresa’s R.C.	”	94·56	5·44	—	89·75	10·25	—
Stanley Mod. Sec. ...	”	100·	—	—	95·27	4·73	—

% Clean=98·78; % Nits=1·09; % Vermin=·13

Summary of Cleanliness Examinations—December, 1952

					BOYS		GIRLS		TOTAL	
					No.	%	No.	%	No.	%
Nits	...	...	...	...	20	·55	56	1·66	76	1·09
Verminous	...	...	...	...	2	·06	7	·21	9	·13
Clean	...	...	...	...	3580	99·39	3301	98·13	6881	98·78

TABLE V
DIPHTHERIA IMMUNISATION RETURNS—NOVEMBER, 1952

SCHOOL	Dept.	Number on Roll	Number Immun- ised	Number Unimmun- ised	% Immun- ised
All Saints C.E.	Mixed	125	117	8	93·6
" " " " " " " "	Infants	104	101	3	97·1
Ainsdale C.E.	Mixed	207	192	15	92·8
" R.C.	"	46	44	2	95·7
Birkdale Mod. Sec.	"	420	407	13	96·9
Birkdale Council	Infants	235	229	6	97·4
" " " " " " " "	Mixed	196	183	13	93·4
Christ Church Mod. Sec.	Boys	211	203	8	96·2
Churchtown Council	Mixed	483	458	25	94·8
" " " " " " " "	Infants	171	159	12	93·0
Crossens C.E.	Mixed	318	299	19	94·0
" Nursery	"	40	38	2	95·0
Dean Cooke R.C.	"	144	130	14	90·3
Emmanuel C.E.	Infants	192	174	18	90·6
Farnborough Road Council	Mixed	525	496	29	94·5
" " " " " " " "	Infants	408	383	25	93·9
Holy Trinity C.E.	Mixed	350	330	20	94·3
Linaker Street Council	"	362	347	15	95·9
" " " " " " " "	Infants	281	259	22	92·2
Meols Cop Mod. Sec.	Girls	413	397	16	96·1
" " " " " " " "	Boys	345	320	25	92·8
Norwood Road Council	Mixed	330	316	14	95·8
" " " " " " " "	Infants	209	201	8	96·2
Our " Lady " of Lourdes Mod. Sec. }	Mixed	369	353	16	95·7
R.C.	Junior	194	183	11	94·3
St. Marie's R.C.	Mixed	130	123	7	94·6
St. Philip's C.E.	"	284	267	17	94·0
S.S. Simon and Jude's C.E.	"	205	196	9	95·6
St. Teresa's R.C.	"	196	196	—	100·0
Stanley Mod. Sec.	Mixed	358	346	12	96·7
High School for Girls	Girls	500	485	15	97·0
King George V	Boys	579	553	26	95·5
Technical College	Mixed	210	198	12	94·3
School of Art	"	39	38	1	97·4
TOTALS ... ..	... ..	9179	8721	458	95·0

TABLE VI

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

NOTES:—

- (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e., whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.
- (b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

TABLE VI (continued)

Group I—Diseases of the skin (excluding uncleanness, for which see Table III)

								Number of cases treated or under treatment during the year	
								By the Authority	Otherwise
Ringworm—(i) Scalp	...	...	...	...	...	...	...	—	—
(ii) Body	...	...	...	...	...	...	...	—	—
Scabies	...	...	...	...	...	...	...	3	—
Impetigo	...	...	...	...	...	...	...	19	—
Other Skin Disease	...	...	...	...	...	...	...	359	—
								381	—

Group 2—Eye Diseases, Defective Vision and Squint

								Number of Cases dealt with	
								By the Authority	Otherwise
External and other, excluding Errors of Refraction and Squint								175	—
Errors of Refraction (including Squint)	...	...	...					*838	—
TOTAL	...	...	...	...				1013	—
Number of Pupils for whom Spectacles were:—									
(a) Prescribed	...	...	...	...	...	...	...	*245	—
(b) Obtained	...	...	...	...	...	...	...	*205	—
								450	—

*Including cases dealt with under arrangements with the Supplementary Ophthalmic Services

Group 3—Diseases and Defects of Ear, Nose and Throat

								Number of Cases treated	
								By the Authority	Otherwise
Received Operative Treatment:—									
(a) For Diseases of the Ear	...	...	...	...				6	—
(b) For Adenoids and Chronic Tonsillitis	...	...	...	...				243	—
(c) For other Nose and Throat Conditions	...	...	...	...				31	—
Received other forms of Treatment	...	...	...	...				285	—
TOTAL	...	...	...	...				565	—

TABLE VI (continued)

Group 4—Orthopaedic and Postural Defects

[illegible]

Group 5—Child Guidance Treatment

	Number of Cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of Pupils treated at Child Guidance Clinics	—	14

Group 6—Speech Therapy

	Number of Cases treated	
	By the Authority	Otherwise
Number of Pupils treated by Speech Therapists	—	42

Group 7—Other Treatment given

					Number of Cases treated	
					By the Authority	Otherwise
Miscellaneous Minor Ailments	...	...	...	...	1147	—

TABLE VII
HANDICAPPED PUPILS

CATEGORY	NUMBER ASCERTAINED			TYPE OF EDUCATION PROVIDED			Requiring Special School Accommodation but unplaced at end of year		Totals
	Up to 31st Dec., 1951	During year 1952	Total on register at end of 1952	Ordinary School (re-quiring observation)	Special Schools		Day Class	Special School	
					Day (Class)	Resi- dential			
Blind	2	—	2	—	—	2	—	—	2
Partially Sighted	—	—	—	—	—	—	—	—	—
Deaf	10	4	14	2	—	8	—	4	14
Partially Deaf	8	—	8	2	—	6	—	—	8
Delicate	5	—	5	5	—	—	—	—	5
Diabetic	—	—	—	—	—	—	—	—	—
Educationally Sub-Normal	82	22	104	2	32	3	47	20	104
Epileptic	6	2	8	5	1	1	—	1	8
Maladjusted	13	3	16	8	—	4	—	4	16
Physically Handicapped ...	106	18	124	110	7	2	—	5	124
Defective Speech	42	17	59	59	—	—	—	—	59
TOTALS	274	66	340	193	40	26	47	34	340

TABLE VIII

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31st DECEMBER, 1952, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY, UNDER SECTION 57, SUB-SECTIONS (3) AND (5) OF THE EDUCATION ACT, 1944

Total Number of Children notified:—

Section 57, Sub-Section (3)	...	...	...	...	...	...	—
Section 57, Sub-Section (5)	...	...	...	...	...	...	4

Section 57 of the Education Act, 1944, is as follows:—

SUB-SECTION (3)—If, after considering the advice given with respect to any child by a medical officer in consequence of any such medical examination as aforesaid and any reports or information which the local education authority are able to obtain from teachers or other persons with respect to the ability and aptitude of the child, the authority decide that the child is suffering from a disability of mind of such a nature or to such an extent as to make him incapable of receiving education at school, it shall be the duty of the authority to issue to the local authority for the purposes of the Mental Deficiency Act, 1913, a report that the child has been found incapable of receiving education at school. Provided that, before issuing such a report with respect to any child, the local education authority shall give to the parent of the child not less than 14 days' notice in writing of their intention to do so, and if within that period the parent refers to the Minister the question whether such a report should be issued, the report shall not be issued except by direction of the Minister.

SUB-SECTION (5)—If the local education authority are satisfied that any child in attendance at a school maintained by them or at any special school not so maintained is suffering from a disability of mind of such a nature or to such an extent that he will, in their opinion, require supervision after leaving school, the authority shall before the child ceases to be of compulsory school age issue to the local authority for the purposes of the Mental Deficiency Act, 1913, and to the parent of the child, a report that by reason of a disability of mind the child may require supervision after leaving school.

TABLE IX
PRIMARY, SECONDARY AND GRAMMAR SCHOOLS
FINDINGS AT ROUTINE MEDICAL INSPECTIONS

	Entrants		Primary Leavers		Secondary & Grammar Leavers		Total	
	No.	%	No.	%	No.	%	No.	%
Listed for Inspection ...	—	—	—	—	—	—	3102	—
Absent from Inspection ...	—	—	—	—	—	—	240	—
Parent refused Inspection ...	—	—	—	—	—	—	—	—
Actually Inspected ...	1160	—	863	—	839	—	2862	—
Parent or Guardian present ...	776	66·9	329	38·1	42	5·0	1147	40·1
Unvaccinated ...	717	61·8	615	71·2	641	76·4	1973	69·0
Unsatisfactory Clothing ...	—	—	1	0·1	—	—	1	0·03
Unsatisfactory footwear ...	—	—	—	—	—	—	—	—
Malnutrition ...	33	2·8	25	2·9	9	1·1	67	2·3
Nits in the Hair ...	1	0·1	2	0·2	1	0·1	4	0·1
Verminous Hair ...	—	—	—	—	—	—	—	—
Verminous Clothing ...	—	—	—	—	—	—	—	—
Bodies Dirty ...	—	—	—	—	—	—	—	—
Defective Teeth ...	135	11·6	66	7·6	52	6·1	253	8·8
NOSE AND THROAT:—								
Enlarged Tonsils and Ade-								
noids ...	10	1·0	7	0·8	1	0·1	18	0·6
Other Conditions ...	82	7·1	21	2·4	6	0·7	109	3·8
Glands in the Neck ...	16	1·4	2	0·2	1	0·1	19	0·7
EYE:—								
External Eye Disease ...	4	0·3	4	0·3	3	0·4	11	0·3
Defective Vision ...	1	0·1	38	4·4	27	3·2	66	2·3
Squint ...	8	0·7	1	0·1	—	—	9	0·3
EAR:—								
Defective Hearing ...	3	0·3	—	—	1	0·1	4	0·1
Ear Disease ...	5	0·4	2	0·2	1	0·1	8	0·3
Speech Defects ...	11	1·0	2	0·2	1	0·1	14	0·5
HEART AND CIRCULATION:—								
Cardiac Disease ...	—	—	2	0·2	1	0·1	3	0·1
Anaemia ...	1	0·1	—	—	2	0·2	3	0·1
Lung Disease ...	13	1·1	5	0·6	2	0·2	20	0·7
Nervous Disease ...	1	0·1	1	0·1	1	0·1	3	0·1
Tuberculosis ...	2	0·2	—	—	—	—	2	0·07
Rickets ...	—	—	—	—	—	—	—	—
DEFORMITIES:—								
Posture, Flat Feet, etc. ...	72	6·2	35	4·1	23	2·7	130	4·5
Skin Disease... ...	9	0·8	10	1·2	14	1·6	33	1·1
DEVELOPMENT:—								
Hernia ...	11	1·0	2	0·2	4	0·5	17	0·6
Others ...	3	0·3	1	0·1	2	0·2	6	0·2
PSYCHOLOGICAL:—								
Development ...	—	—	1	0·1	—	—	1	0·03
Stability ...	1	0·1	2	0·2	—	—	3	0·1
Other Disease or Defect ...	50	4·3	21	2·4	11	1·4	82	2·9

TABLE X
PRIMARY, SECONDARY AND GRAMMAR SCHOOLS
AVERAGE HEIGHTS AND WEIGHTS (Age last birthday)

Heights and Weights—Tables are also given which show the weight and height of children in 1952 compared with those in 1938. ~~It is interesting to note that while the height remains fairly constant, the weights, especially in the older children, show a big increase.~~

Age last Birthday						1938		1952	
						Height ft. ins.	Weight st. lbs.	Height ft. ins.	Weight st. lbs.
Age 5 years									
Boys						3 6	3 0	3 6	3 2
Girls						3 6	2 13	3 6	3 5
Age 10 years									
Boys						4 5	4 10	4 6	4 13
Girls						4 7	5 0	4 7	5 4
Age 14 years									
Boys						5 2	7 6	5 2	7 4
Girls						5 4	7 12	5 1	7 8
Age 16 years									
Boys						5 6	8 8	5 9	9 1
Girls						5 3	8 5	5 5	8 2

SCHOOL DENTAL SERVICE

Report for the Year 1952

					Primary Schools 6075	Secondary and Grammar Schools 2952	Total 9027
1. Number of children on Register	...	...	...	...	6075	2952	9027
2. Total Number of Schools	...	...	...	...	24	8	32
3. Half-days devoted to (a) Inspection...	...	...	...	...	18	22	40
(b) Treatment	...	...	...	...	508	387	895
TOTALS (3)	...	...	...	...	526	409	935
4. Number of Children examined at:—					schools	schools	schools
(a) Schools	...	...	...	...	(12) 1970	(7) 2072	(19) 4042
(b) Special Inspections at Clinic	...	...	...	...	1069	376	1445
TOTALS (4)	...	...	...	...	3039	2448	5487
5. Number of Children found to require treatment at:—	(a) Schools	...	...	...	1512	1346	2858
	(b) Special Inspections at clinic	...	...	...	877	252	1129
TOTALS (5)	...	...	...	...	2389	1598	3987
6. Number of Children actually treated	...	...	...	...	1421	880	2301
7. Number of attendances made at Clinic by Children mentioned in (6) above:—							
NEW	(a) Routine	...	...	...	437	544	981
	(b) Special	...	...	...	984	336	1320
RE-VISITS	(a) Routine	...	...	...	394	524	918
	(b) Special	...	...	...	1621	921	2542
Number of Children examined and treatment deferred	...	...	...	...	532	343	875
Total visits made by Children to Clinic during the year	...	...	...	...	3968	2668	6636
Kinds of treatment provided for Children mentioned in (6) above:—							
8. Number of teeth filled:—							
(a) Permanent Teeth	...	...	...	...	740	1767	2507
(b) Temporary Teeth	...	...	...	...	1470	56	1526
TOTALS (8)	...	...	...	...	2210	1823	4033
9. Number of fillings:—							
(a) Permanent Teeth	...	...	...	...	961	1928	2889
(b) Temporary Teeth	...	...	...	...	1536	53	1589
TOTALS (9)	...	...	...	...	2497	1981	4478
10. Extractions:—							
(a) Ordinary:—							
(1) Permanent Teeth	...	...	...	...	79	282	361
(2) Temporary Teeth	...	...	...	...	1697	330	2027
(b) For regulation purposes:—							
(1) Permanent Teeth	...	...	...	...	25	135	160
(2) Temporary Teeth	...	...	...	...	474	127	601
TOTALS (10)	...	...	...	...	2275	874	3149
11. Miscellaneous:—							
(a) Dressings	...	...	...	...	721	198	919
(b) Scalings	...	...	...	...	45	108	153
(c) Root Treatments	...	...	...	...	4	12	16
(d) Oral Affections	...	...	...	...	9	7	16
(e) Other Operations	...	...	...	...	81	86	167
TOTALS (11)	...	...	...	...	860	411	1271
12. Administration of Anaesthetics:—							
(a) General	25	1	26
(b) Local	1825	782	2607
TOTALS (12)	1850	783	2633

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